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State Of Maryland Multi-Service Center Study

PHASE 500 Progress Report

Evaluation of Alternatives

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STATE OF MARYLAND MULTI-SERVICE CENTER STUDY

**PHASE 500
PROGRESS REPORT
EVALUATION OF ALTERNATIVES**

MAY , 1974

*The work reported herein was performed pursuant to a contract with the
Maryland Department of State Planning by GRUEN ASSOCIATES, INC.*

TABLE OF CONTENTS

	PAGE NUMBER
FOREWORD	i
SUMMARY	iv
THE PURPOSE	1
CONCEPT EVALUATION	2
Evaluation Criteria	2
Accessibility Evaluation	7
Evaluation Matrix	32
Rating System	32
Findings	33
ADMINISTRATIVE AND OPERATIONAL ORGANIZATION	37
FEDERAL COMMITMENT TO MULTI-SERVICE CENTERS	63
DATA REFINEMENT	70
State Program Services - Direct/Indirect Contact	72
State Program Services - Type of Assistance	87
Multi-Service Center Candidate Programs	102
DATA INDEX	115
COMMENT REPLY FORM	134
COMMENT REPLY FORM - RETURN COPY	135

LIST OF FIGURES

FIGURE NUMBER		PAGE NUMBER
1	Accessibility: Concept B - By County Seats	14
2	Accessibility: Concept C - By Region	16
3	Accessibility: Concept D - By Population	18
4	Accessibility: Concept E - By Population Threshold	21
5	Accessibility: Concept F - Service Equality	24
6	Summary Evaluation Matrix	34
7	Alternative A: Existing Organization	47
8	Alternative B: Agency-Oriented Organization	50
9	Alternative C: Modified Agency-Oriented Organization	54
10	Alternative D: Client-Oriented Organization	57
11	State Program Service Delivery for Groups of Activities	62

FOREWORD

At the direction of Governor Marvin Mandel and the legislative authorization of the General Assembly - Chapter 179 of the Acts of 1972, General Construction Loan of 1972, Item 32 - a budget authorization of \$250,000 was approved for "preparation of a program and plan, including a feasibility study for state multi-purpose centers to provide for convenient and efficient service delivery."

These actions were in response to a Department of State Planning Study which outlined the problems inherent in the present system for delivery of services from dispersed locations of State Agencies and the concern of the Governor and Maryland General Assembly over rising space costs and increasing citizen needs and requirements.

The Maryland Department of State Planning is conducting this study to determine both the feasibility and desirability of establishing a network of State MULTI-SERVICE CENTERS throughout Maryland providing one-stop service delivery directly, conveniently, economically, and personally to residents of the state.

If the concept proves to be feasible, the study will also provide plans

for locating and developing such centers and/or for complementary alternative methods of providing such services throughout Maryland.

The State of Maryland is one of the most rapidly urbanizing states in the nation. This growth has brought into focus the requirement for delivery systems capable of responding to current and anticipated service needs within the fiscal resources of the state.

Experimental service centers on a lesser scale have been developed in various cities in the United States. However, there is not yet general agreement as to the form such service centers should take - either in their human resource and response organization, their spatial organization, their locational criteria, or their management and fiscal economy programs. This study will delve deeply into all of these aspects.

Simultaneously, the Department of State Planning is underway on two other major study endeavors which have an extremely close relationship to this study...the Generalized State Land Use Plan and the Human Resources Plan.

Ideally, and perhaps without precedent, the Study Team and the State Planning Coordinating Committee will provide a parallel participation in all three studies. This process will optimize the guiding of inquiry,

the provision and conversion of information, and the formulation of premises and will assure that the resultant findings and recommendations are sensitive and responsive to varying state and local systems and requirements.

This MULTI-SERVICE CENTER STUDY is being produced by the consultant firm of Gruen Associates, Inc. It is to be a fifteen month task and is divided into twelve distinct study phases. The completion of each phase will be accompanied with a detailed Progress Report. THIS IS ONE SUCH REPORT. The specific purpose of each of the twelve study phases is described in the Phase 100 - Progress Report.

SUMMARY

Phase 500 involved the evaluation of the six Multi-Service Center system concepts developed in the previous study phase; an examination of the existing and evolution of alternative organizational structures for delivery of service; the federal government's commitment to multi-service delivery systems; and refinement of previously prepared agency program categorizations in respect to Multi-Service Center planning.

Concept F - Service Equality has been judged to be most consistent with Multi-Service Center goals and objectives, as having the least disadvantages and deficiencies of all concepts evaluated, and suitable for further consideration and evaluation. Concept A - Existing System, on the basis of historical precedence and the degree of agency and financial commitment, is considered along with Concept F to be a principal concept for additional evaluation.

Various administrative approaches for service delivery are examined as alternatives to the more traditional, vertical framework in common use by state agencies. Weaknesses identified in the current administrative approach which pertain primarily to delivery of human services include a lack of positive staff/client relationships, excessive red tape in screening processes and general service inefficiencies affecting both the state and the service recipient. Administrative arrangements are suggested that offer modifications to the existing agency-oriented structure as alternative approaches that are more client-oriented and compatible with a Multi-Service Center system.

Program information previously reported in Phases 300 and 400, is recycled based on new and more complete state agency data. A complete listing of state available programs, an indication of the type of program service and a revised Multi-Service Center candidacy listing is included in this Phase 500 report. The preliminary indication in Phase 400 of some 60 direct contact programs to be provided to the population within Multi-Service Centers is revised to a recommended total of 83 programs.

PHASE 500
PROGRESS REPORT

THE PURPOSE

The purpose of Phase 500 of the Multi-Service Center Study was to initiate successive evaluations of the six Multi-Service Center system concepts which evolved in the Phase 400 planning effort. The concepts evaluated represent alternative approaches to the delivery of state services and not specific MSC plans. Comparisons are made for the purpose of removing less desirable concepts from further consideration. A recommended service delivery concept will be selected after Phase 600 and 700 economic evaluations are completed, which will be translated, in Phase 800, into a finalized plan of facility locations and service areas.

The evaluation process for this phase of study included the development of evaluation criteria, an evaluation matrix, qualitative and quantitative ratings and the aggregation of these ratings to produce an order of merit ranking of the concepts.

As a further development and refinement of multi-service center delivery concepts an evaluation was undertaken of the existing administrative and operational organization of the state. This analysis provided the basis for development of alternative organizational structures.

Additionally, all program data received subsequent to previously completed tasks of prior study phases has been analyzed and recycled. Program data provided in the Phase 300 and Phase 400 Reports is updated in this report.

This recycling process has produced the most complete catalogue of state programs currently available. Program information has further been organized into formats useful to the study process. Each program has been charted and related information has been provided concerning the type of program, type of assistance, and those programs considered to be candidates for Multi-Service Center inclusion.

CONCEPT EVALUATION

The objective of this task was to identify and assess the major advantages and disadvantages of each of the six service delivery concept systems developed in Phase 400 and to discern the concept with the greatest degree of positive factors for the provision of all direct contact services within a one-stop Multi-Service Center offering convenient, responsive and satisfactory service to all state residents.

In order to accomplish this objective an evaluation matrix for structuring a comparative analysis; a set of evaluation criteria designed to test each concept's general effectiveness; and a rating system for assigning relative values have been developed.

Evaluation Criteria

As part of the evaluation framework, criteria are required to test and evaluate the general impact and effectiveness of each of the service delivery system concepts. The criteria utilized are divided into

several broad areas of investigation with specific evaluation factors defined under each criterion category. The degree to which the various concepts conform to each specific evaluation criterion is indicated by assigning a relative magnitude -- unsatisfactory through maximum -- to the factors identified in the evaluation matrix.

The criteria utilized in the evaluation process are designed to allow full consideration to the extent to which Multi-Service Center goals and objectives are achieved. Major emphasis was placed on the delivery aspects including accessibility, flexibility and convenience to service recipients. Criteria further provide for the comparison among concepts as to their relative efficiency and compatibility.

Specific criterion used in the evaluation of the six Multi-Service Center system concepts and an explanation as to their application and context in the evaluation framework are as follows:

I. Accessibility

- A. Population - This criterion pertains to the relationship of service facilities to the population. Maximum accessibility is achieved when seventy-five percent or more of the population being served within a service area is within a twenty minute time/distance radius of a concept's multi service facility. The mode of transportation is assumed to be the automobile.
- B. Inter-government - This criterion establishes the proximity of multi service facilities to other levels of government providing opportunities for effective coordination and cooperation in the delivery of inter-governmental related services. (County seat locations are considered to offer the greatest opportunity for achievement of this objective.)

II. Compatibility

- A. State MSC Goals and Objectives - This criterion addresses a concept system's conformity with and achievement of MSC goals and objectives, as follows;

Goals:

1. A service delivery system that is responsive to the existing and projected needs and desires of citizens, and provides equal opportunities for service delivery throughout the State of Maryland regardless of population concentration, geographic location and socio-economic characteristics.
2. A service delivery system that affords the public the opportunity to avail itself of public programs and services - local and federal, as well as state - in the most convenient manner.
3. Facilities that will provide the opportunity for optimizing interagency coordination and cooperation as it relates to delivery of governmental services to the public.

Objectives:

- a. Achieve increased public awareness of services provided by the State of Maryland.
- b. Facilitate public-private partnership in serving people.
- c. Provide a system wherein ease of public access has been maximized, especially for low income, elderly and physically handicapped persons.
- d. Achieve, where and whenever possible, efficient, one-stop service delivery.
- e. Reduce an individual's cost for availing himself of services.
- f. Provide for a system of service delivery which eliminates delays and the inconvenience of understaffed, over-utilized facilities in densely populated areas.
- g. Rationalize the organization and delivery of services to eliminate duplication.
- i. Interrelate, whenever possible, delivery of services within programs and functions that overlap.

- j. Reduce the problem of interagency coordination and communication occasioned by the scattered location of facilities.
 - k. A service delivery system that can combine stationary and mobile facilities and services in a manner that can respond to changing and emergency demand placed upon the system.
- B. Local Plans - This criterion focuses on a system's facilities being in general conformity with local comprehensive development plans. The location of service delivery facilities are compared with relevant land use plans as to their conformity with the general development policy of local governments.

III. Efficiency

- A. Physical Consolidation - This criterion relates to operational efficiency benefits from centralized state office facilities. Central facilities are expected to improve interactions between agencies allowing for greater cooperation and efficiency in the delivery of related services. Operations of agencies that are presently conducted in separated facilities can greatly be expanded and improved through consolidation at a single location.
- B. Central Functions - Sharing of common facilities, equipment and personnel. Consolidation of service agencies at single locations provides the opportunity for mutual benefits to be realized through common utilization of such functions as intake, outreach, informational, communication and postal.
- C. Service Identity - Awareness that facilities are part of the state service delivery system. A sense of identity is created for the service recipient with state service facilities when there are few specific locations to deal with in obtaining service. It further enables people to search and find needed services, with minimal effort.
- D. Threshold Service Level - The provision of a full range of state public services in the minimum and most efficiently sized facilities directly related to population and its need.

IV. Convenience

- A. Multi-Program - A system that provides total service response at a single location to individuals and families with multiple needs.

- B. Processing - The ability to provide for single intake, screening and record maintenance for related service needs of individuals and families.
- C. Service Need - Full service facilities located in respect to population concentrations and areas of most intense need.
- D. Multi-Service Levels - The ability to provide varying levels of service facilities scaled in staff, program and size related to the local scale needs of people in all areas of the state.
- E. Program Coordination - The achievement of comprehensive interaction of programs for individuals and families with various service needs.

V. Flexibility

- A. Changing Need - The ability of a system to respond to evolving service needs of the population. Location flexibility in respect to need reflects this characteristic.
- B. Changing Programs - Facility flexibility to adapt to service program expansions, modifications and deletions. Mechanism for responding to new program demands must be inherent in the concept.
- C. Changing Technology - A system's adaptability to advancements in technology relating to the delivery and function of program services.

The evaluation of the six service delivery system concepts in respect to the evaluation criteria follows. General distinctions among concepts appropriate to the present level of concept definition are identified and provide the basis for assessing each concept's essential advantages and disadvantages. Economic and financial considerations and evaluations will be undertaken in Phases 600 and 700. The concept evaluation provided indications of sufficient differences to permit a determination as to those concepts most appropriate for further study and evaluation.

Accessibility Evaluation

An examination of multi-service delivery system concepts was undertaken to measure the degree of accessibility provided to the state's population. Concept "A" - Existing System was excluded from this comparative analysis as the degree of decentralization found under this system did not provide an adequate basis for measuring population accessibility to facilities containing a full range of state programs. Concepts "B" through "F" all involve one-stop, full range of service facilities and are subject to meaningful accessibility comparisons.

Differentiation among concepts was made in terms of the number of people within specified time/distances of service facilities. Accessibility measures for Baltimore City were based on an average rate of automobile speed of 20 miles per hour. For the remainder of the state uniform time/distance measures were utilized and based on the average times and distances traveled by an automobile at an average rate of speed of 45 miles per hour. The practicability involving distinctions between rural and urban time/distances and varying modes of transportation is nebulous when generalized concepts are being evaluated at a state-wide scale.

The analysis undertaken indicates that the least degree of convenient accessibility is provided under Concept C - By Regions, and the greatest accessibility is provided under Concept F - Service Equality. Deficiencies and inadequacies of service in several concepts reflect facility locations and service area delineations ineffective for providing the most convenient service to the greatest number of people.

Concept B provides a total of 24 multi-service facilities - one for each county and the City of Baltimore. Under this concept county and city boundaries become service areas within which all services are provided from a single state service facility. Though a reasonable proportion of the state's population (73 percent) is conveniently served by this concept, major population concentrations remain beyond the minimum standard of accessibility. The major disparity occurs in Prince George's County where significant growth has taken place adjacent to Washington, D.C., away from the county seat. Growth within the Baltimore-Washington Corridor portion of Anne Arundel County reduces the effectiveness of Annapolis as the most accessible location for a multi-service facility.

Concept C provides multi-service facilities at the most populated locations within the eight planning regions of the state. Regional service area delineations, however, prove to be too large to provide reasonable and convenient access to multi-service facilities for significant numbers of the state's population. Only 56 percent of the population is within the acceptable time/distance radius standard. Regional service area size and configuration also creates situations where significant numbers of people are closer to multi-service facilities located in adjoining regions. Hagerstown in the Western Region would be more conveniently served at Frederick. Similarly, there is a major population concentration in southern Prince George's County that has greater accessibility to the multi-service facility located at La Plata in the Southern Region.

Concept D proposes that 17 multi-service facilities be located throughout the state based on proximity to service need as indicated by population. This consideration is reflected in the relatively high degree of accessibility (81 percent) provided under this concept. Deficiencies of service result, however, in the rural and less populated areas of the state. Inadequacies of service are evident in Garrett, Calvert, St. Mary's, Worcester, Somerset, Dorchester, Queen Anne's and Kent Counties, as significant population is beyond the 20 minute travel radius. The urbanized portions of the state, generally within the Baltimore-Washington Corridor, are well serviced.

Concept E provides a multi-service facility for each 100,000 state population. Service area population reflects the minimum required to support a service facility containing a full range of state programs. Each service area contains a single multi-service center (except Baltimore City which has 10 service facilities), amounting to a state total of 44 facilities. This concept is capable of serving 88 percent of the state's population within the minimum acceptable time/distance standard. Deficiencies identified for this concept are similar to the previously examined concepts as all provide a single facility with a full range of programs for each service area. While large portions of the total population are conveniently serviced, needs of rural and less populated areas beyond the 20 minute travel radius are not responded to in the most convenient manner.

Though Concept E achieves a higher degree of accessibility than Concept D, its advantage is primarily due to the more than doubling of service facilities from which needs can be met.

Concept F - Service Equality incorporates varying levels of multi-service facilities in response to service deficiencies identified in previous concepts. Each facility level is capable of meeting the full range of population service needs, and is located to equalize service response to rural as well as urban populations. Improved service, beyond that achieved in Concept E, is realized to the extent that nearly 92 percent of the state's population is conveniently served within a 20 minute time/distance radius from some 34 facilities.

The accessibility calculations for each concept and the time/distance mappings follow.

TABLE 1
SUMMARY MSC ACCESSIBILITY
MULTI-SERVICE CENTER CONCEPTS

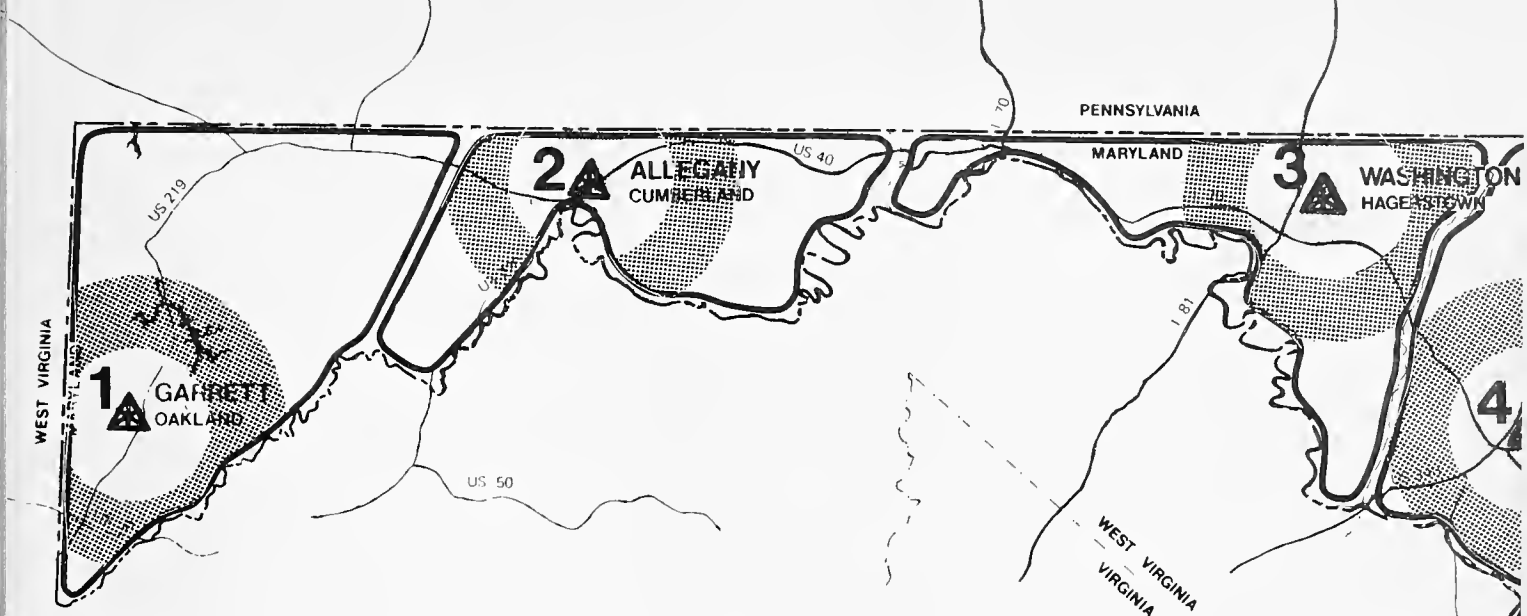
Concept	No. of MSC's	Total Popu- lation Served	Population Within 10 Minute Radius		Population Within 20 Minute Radius	
			Number	Percent	Number	Percent
B - By County Seats	24	3,922,400	1,148,100	29.3	2,861,600	73.0
C - By Region	8	3,922,400	888,100	22.6	2,216,000	56.5
D - By Popu- lation	17	3,922,400	1,767,100	45.1	3,174,300	80.9
E - By Popu- lation Threshold	44	3,922,400	3,085,500	78.7	3,471,200	88.5
F - Service Equality	34	3,922,400	2,725,400	69.5	3,598,800	91.7

TABLE 2
MSC ACCESSIBILITY
CONCEPT B – BY COUNTY SEATS






Service Area	No. of MSC's	Total Population Served	Population Within 10 Minute Radius		Population Within 20 Minute Radius	
			Number	Percent	Number	Percent
1	1	21,500	9,200	42.8	13,200	61.4
2	1	84,000	42,900	51.1	61,800	73.6
3	1	103,800	66,900	64.4	92,500	89.1
4	1	85,000	39,400	46.4	55,500	65.3
5	1	69,000	21,400	31.0	44,700	64.8
6	1	621,100	160,000	25.8	312,100	50.2
7	1	115,400	30,100	26.1	82,300	71.3
8	1	53,300	20,000	37.5	31,000	58.2
9	1	522,800	95,800	18.3	398,500	76.2
10	1	61,900	29,200	47.1	57,700	93.2
11	1	16,100	7,600	47.2	12,500	77.6
12	1	660,600	47,600	7.2	421,200	63.8
13	1	297,500	52,000	17.5	142,000	47.7
14	1	18,400	6,700	36.4	10,200	55.4
15	1	47,700	15,400	32.2	41,600	87.2
16	1	20,700	8,300	40.1	13,200	63.8
17	1	47,400	15,900	33.5	38,500	81.2
18	1	23,700	14,300	60.3	21,700	91.6
19	1	19,800	5,400	27.3	14,200	71.7

Service Area	No. of MSC's	Total Population Served	Population Within 10 Minute Radius		Population Within 20 Minute Radius	
			Number	Percent	Number	Percent
20	1	29,400	16,400	55.8	22,800	77.6
21	1	54,200	36,000	66.4	48,300	89.1
22	1	18,900	8,200	43.4	9,900	52.4
23	1	24,400	3,800	15.6	10,400	42.6
24	1	905,800	395,600	43.7	905,800	100.0
Total. . .	24	3,922,400	1,148,100	29.3	2,861,600	73.0

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LEGEND

-  WATER
-  COUNTY LINE
-  COUNTY SEAT
-  MSC SERVICE AREAS PROPOSED (24)
-  MSC FACILITIES PROPOSED (24)

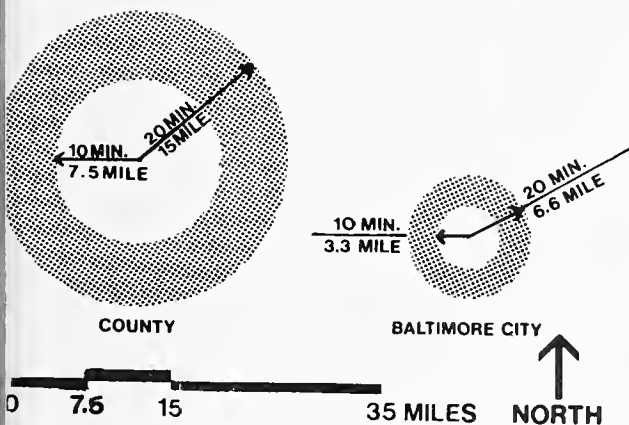


FIGURE 1

ACCESSIBILITY

CONCEPT B: BY COUNTY SEAT PLUS BALTIMORE CITY

TABLE 3
MSC ACCESSIBILITY
CONCEPT C - BY REGION

Service Area	No. of MSC's	Total Population Served	Population Within 10 Minute Radius		Population Within 20 Minute Radius	
			Number	Percent	Number	Percent
1	1	209,400	42,900	20.5	61,800	29.5
2	1	84,900	39,400	46.4	55,500	65.4
3	1	1,183,400	281,200	23.8	778,700	65.8
4	1	1,164,900	70,500	6.1	300,800	25.8
5	1	131,300	7,100	5.4	20,800	15.8
6	1	115,700	15,400	13.3	41,600	36.0
7	1	127,000	36,000	28.3	51,000	40.2
8	1	905,800	395,600	43.7	905,800	100.0
Total	8	3,922,400	888,100	22.6	2,216,000	56.5

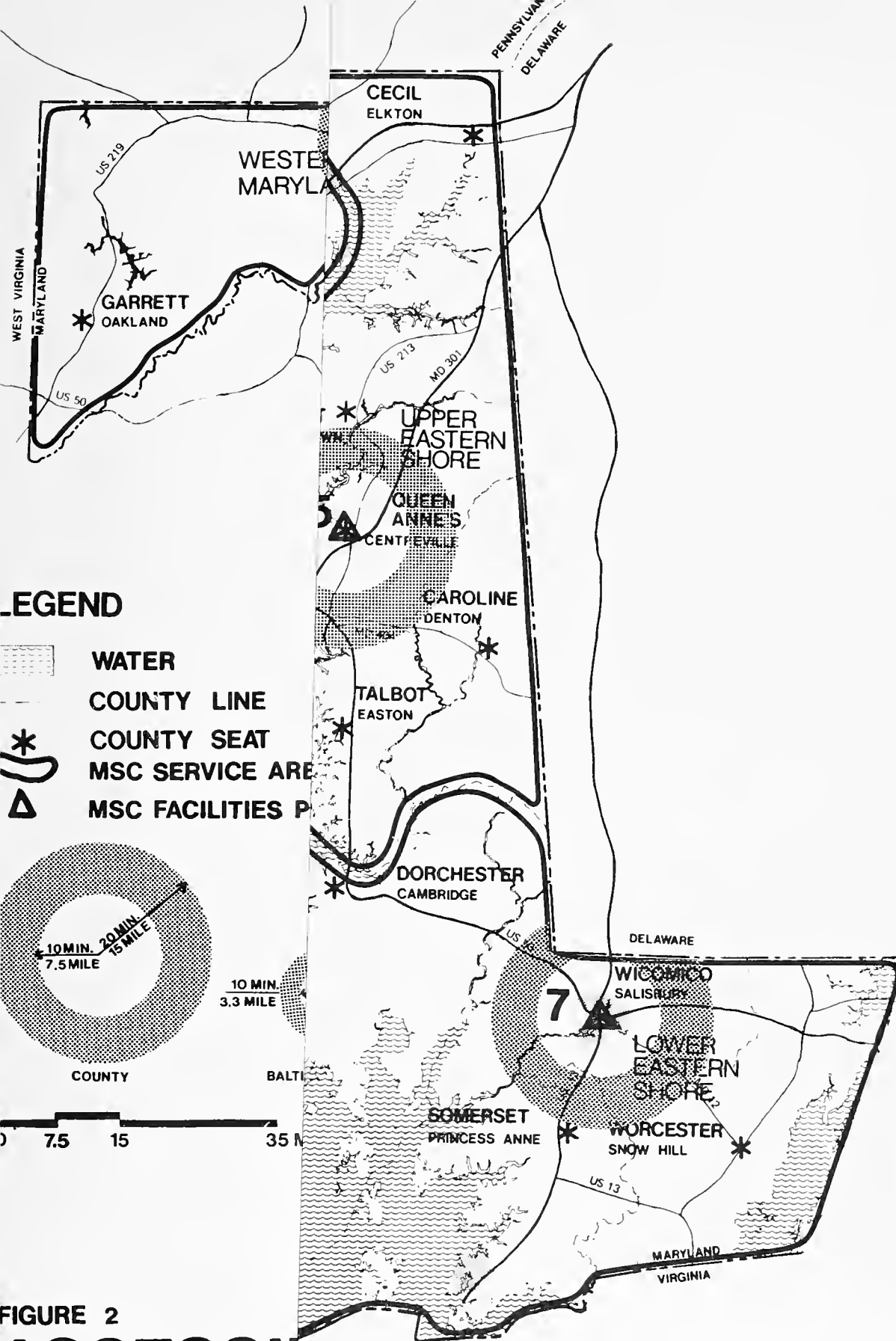


FIGURE 2
ACCESSI
CONCEPT C:

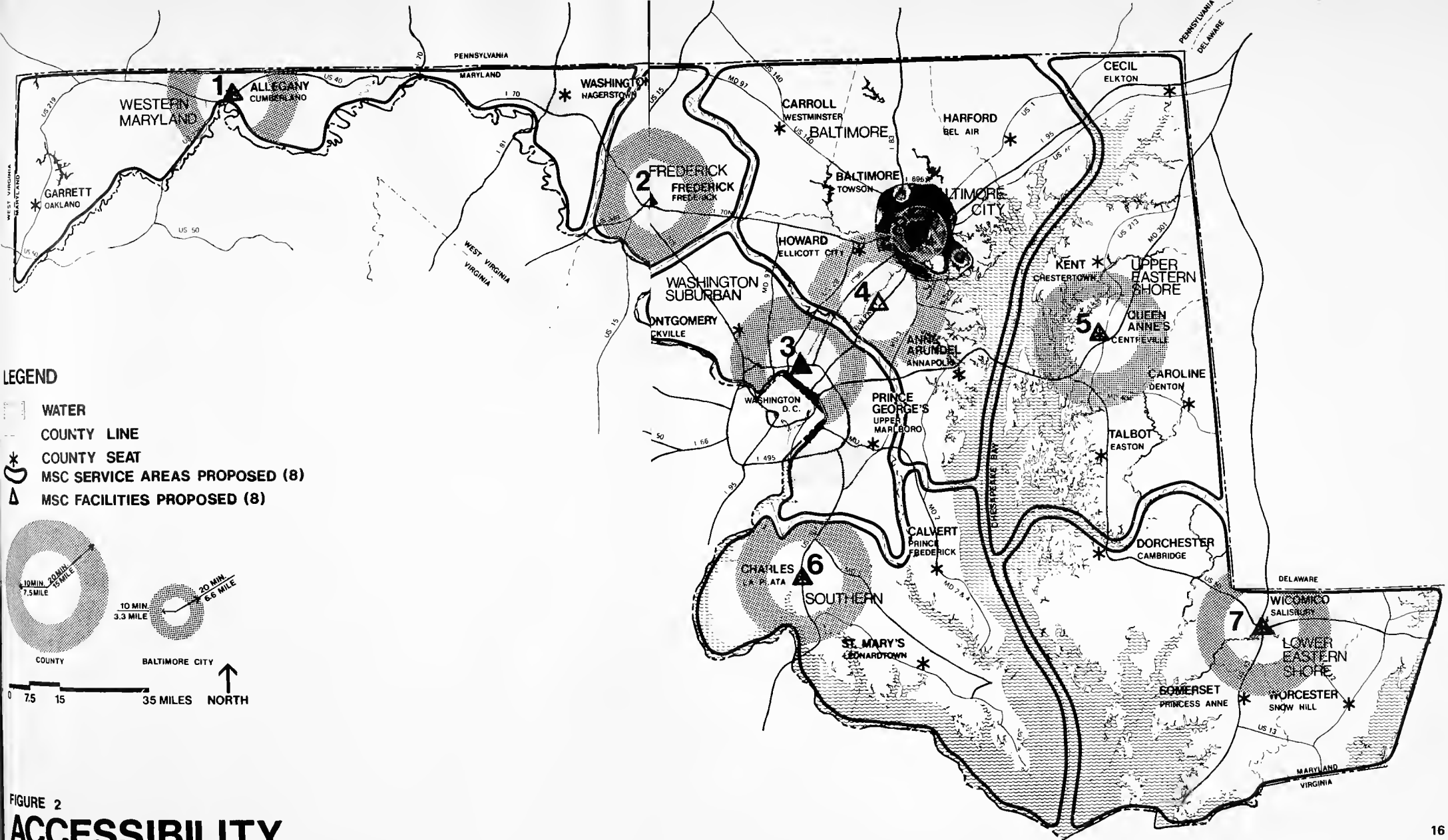


TABLE 4
MSC ACCESSIBILITY
CONCEPT D - BY POPULATION

Service Area	No. of MSC's	Total Population Served	Population Within 10 Minute Radius		Population Within 20 Minute Radius	
			Number	Percent	Number	Percent
1	1	105,500	42,900	40.7	61,800	58.6
2	1	103,800	66,900	64.4	92,500	89.1
3	1	91,400	39,400	43.1	55,500	60.7
4	1	108,000	21,400	19.8	44,700	41.4
5	1	101,700	28,900	28.4	83,700	82.3
6	1	58,600	48,800	83.3	53,000	90.4
7	1	157,600	37,700	23.9	89,000	56.5
8	1	572,500	333,000	58.2	463,700	81.0
9	1	287,300	70,500	24.5	136,000	47.3
10	1	1,014,400	395,600	39.0	1,014,400	100.0
11	1	223,200	119,000	53.3	223,200	100.0
12	1	389,300	166,700	42.8	389,300	100.0
13	1	288,400	173,800	60.3	275,600	95.6
14	1	85,500	51,300	60.0	74,600	87.3
15	1	110,100	11,200	10.2	24,700	22.4
16	1	127,500	15,400	12.1	41,600	32.6
17	1	97,600	36,000	36.9	51,000	52.2
Total . . .	17	3,922,400	1,767,100	45.1	3,174,300	80.9

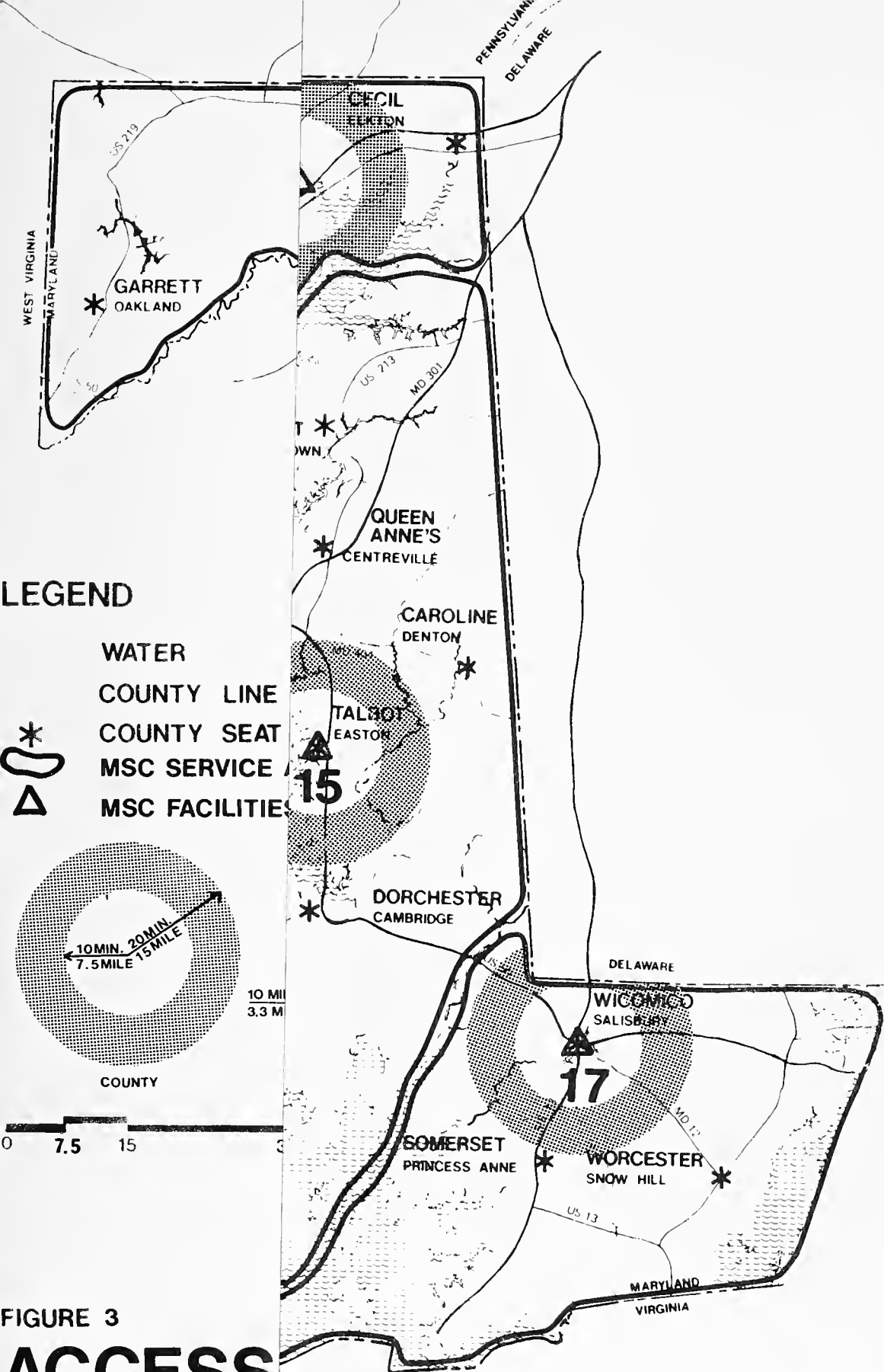


FIGURE 3
ACCESS
 CONCEPT D:

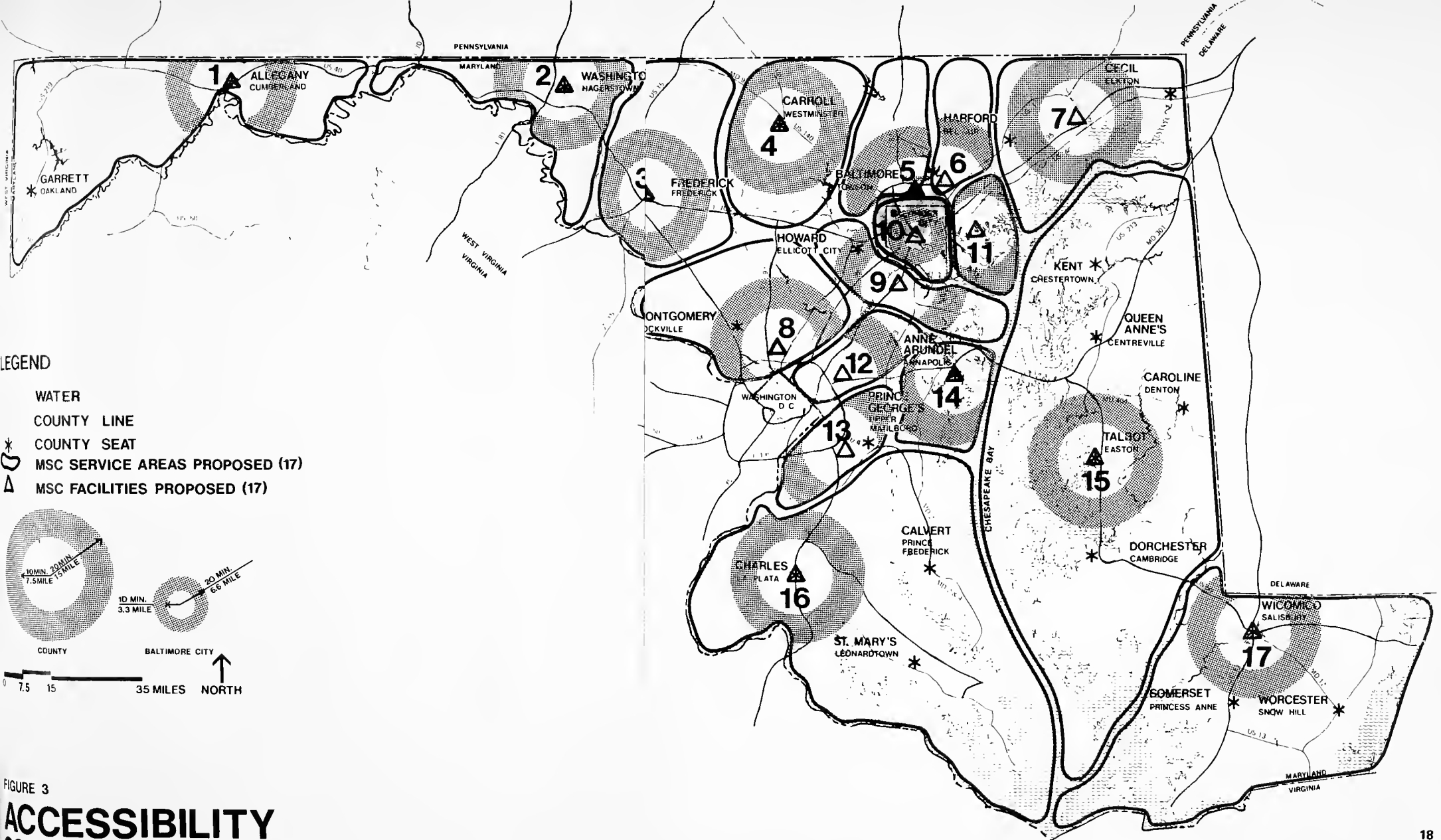


FIGURE 3
ACCESSIBILITY
 CONCEPT D: BY POPULATION

TABLE 5
MSC ACCESSIBILITY
CONCEPT E – BY POPULATION THRESHOLD

Service Area	No. of MSC's	Total Population Served	Population Within 10 Minute Radius		Population Within 20 Minute Radius	
			Number	Percent	Number	Percent
1	1	105,500	42,900	40.7	61,800	58.6
2	1	103,800	66,900	64.4	92,500	89.1
3	1	84,900	39,400	46.4	55,500	65.4
4	1	78,900	21,400	27.1	44,700	56.6
5	1	115,400	30,100	26.1	82,300	71.3
6	1	87,900	7,600	8.6	15,700	17.9
7	1	113,700	58,300	51.3	95,600	84.1
8	1	80,400	29,200	36.3	57,700	71.3
9	1	71,200	71,700	100.0	71,700	100.0
10	1	73,500	73,500	100.0	73,500	100.0
11	1	67,800	67,800	100.0	67,800	100.0
12	1	63,500	53,000	83.5	63,500	100.0
13	1	73,400	73,400	100.0	73,400	100.0
14	1	71,500	65,800	92.0	71,500	100.0
15	1	79,800	68,600	86.0	79,800	100.0
16	1	91,500	78,100	85.4	91,500	100.0
17	10	905,800	905,800	100.0	905,800	100.0
18	1	133,300	133,300	100.0	133,300	100.0
19	1	130,400	130,400	100.0	130,400	100.0
20	1	145,400	145,400	100.0	145,400	100.0
21	1	73,600	73,600	100.0	73,600	100.0

Service Area	No. of MSC's	Total Population Served	Population Within 10 Minute Radius		Population Within 20 Minute Radius	
			Number	Percent	Number	Percent
22	1	75,200	75,700	100.0	75,700	100.0
23	1	89,600	89,600	100.0	89,600	100.0
24	1	79,400	79,400	100.0	79,400	100.0
25	1	71,000	71,000	100.0	71,000	100.0
26	1	67,500	67,500	100.0	67,500	100.0
27	1	67,600	67,600	100.0	67,600	100.0
28	1	71,100	48,600	68.4	71,100	100.0
29	1	116,000	116,000	100.0	116,000	100.0
30	1	96,100	64,100	66.7	96,100	100.0
31	1	85,400	51,300	60.1	74,600	87.4
32	1	65,100	50,700	77.9	60,200	92.5
33	1	115,700	15,400	13.3	41,600	36.0
34	1	72,900	16,400	22.5	22,800	31.3
35	1	97,600	36,000	36.9	51,000	52.3
Total. . .	44	3,922,400	3,085,500	78.7	3,471,200	88.5

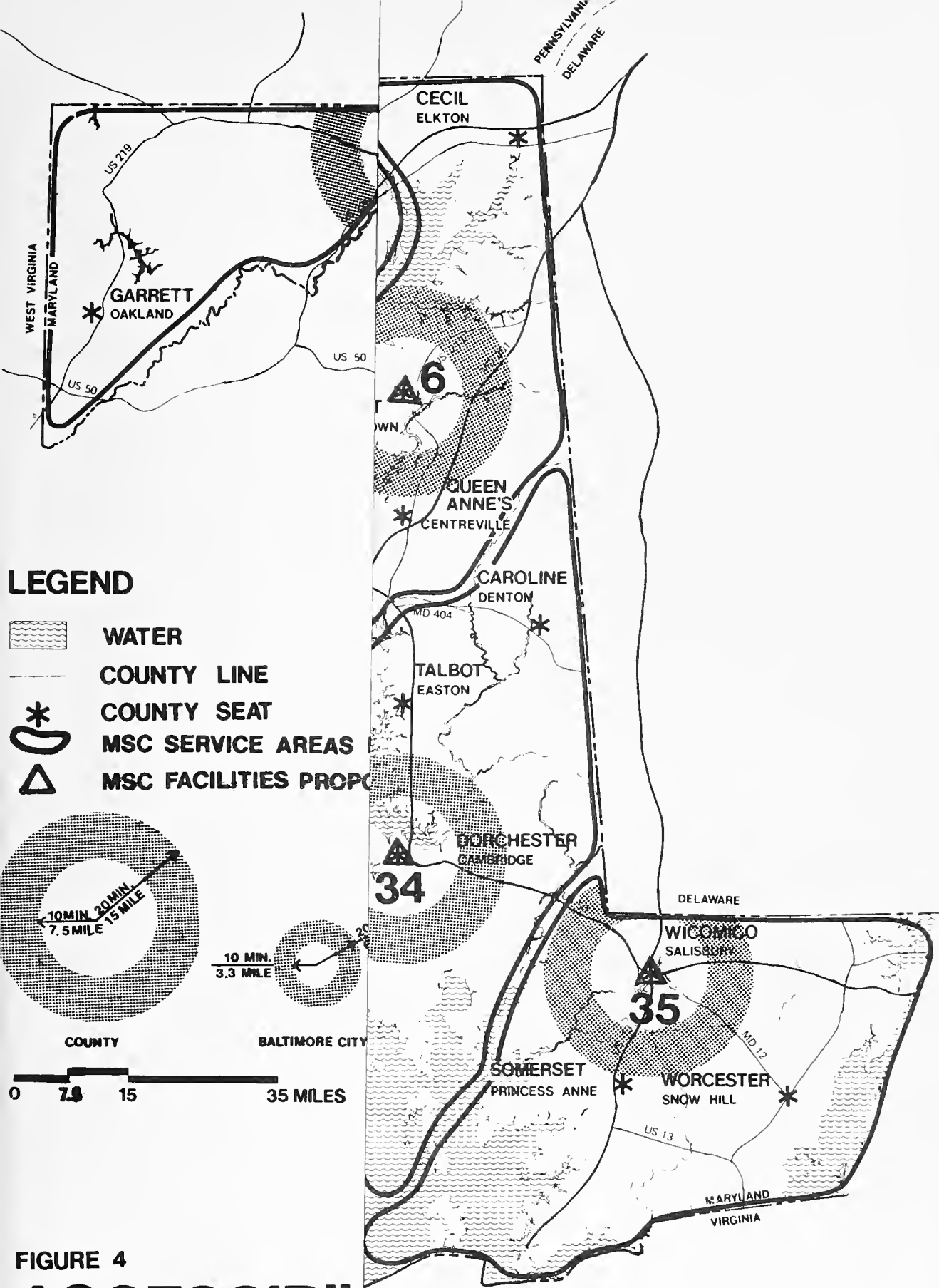


FIGURE 4
ACCESSIBILITY
CONCEPT E: BY

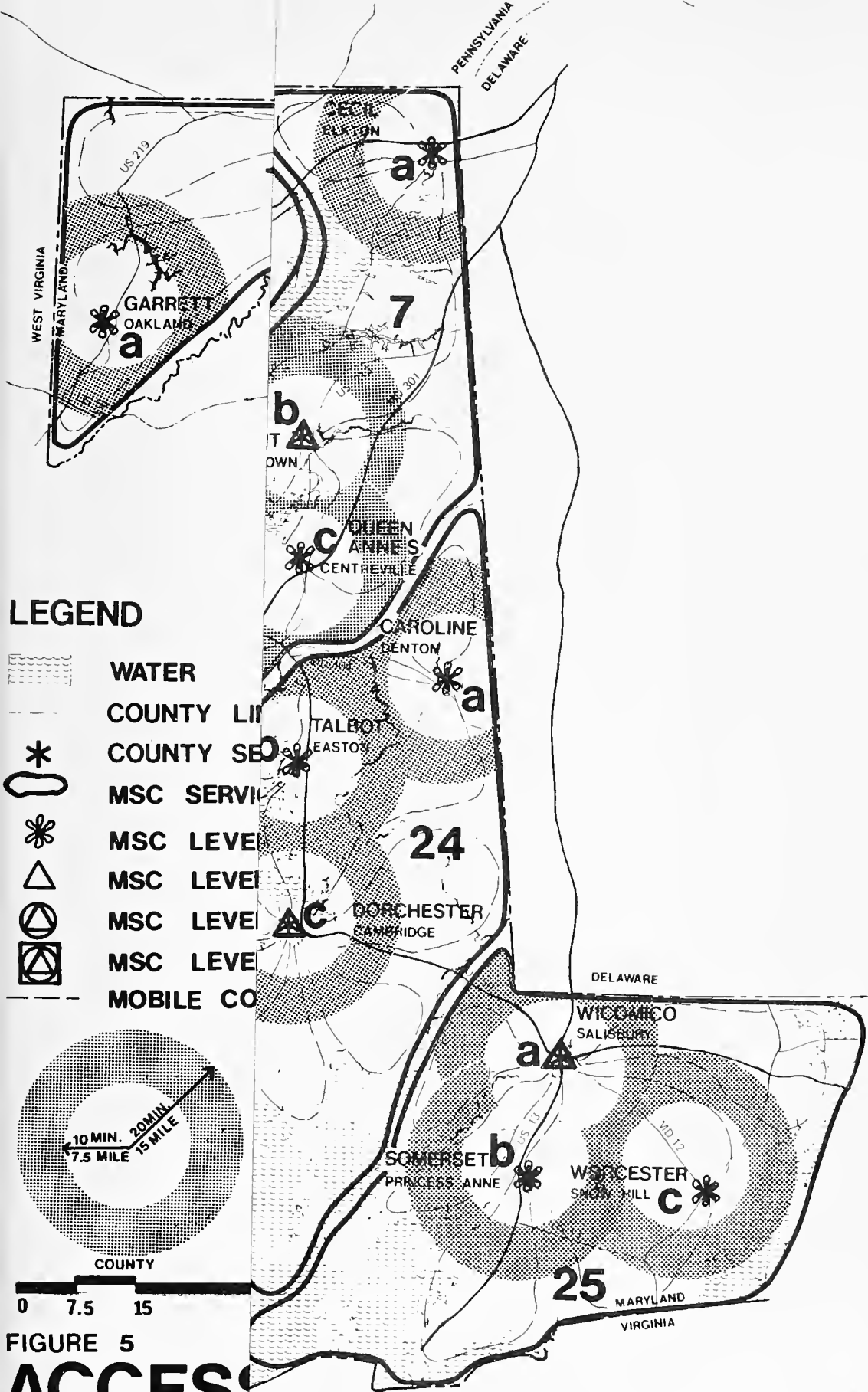


FIGURE 4
ACCESSIBILITY
 CONCEPT E: BY POPULATION THRESHOLD

TABLE 6
MSC ACCESSIBILITY
CONCEPT F – SERVICE EQUALITY

Service Area (Facility)	No. of MSC's	Level	Total Popu- lation Served	Population Within 10 Minute Radius		Population Within 20 Minute Radius	
				Number	Percent	Number	Percent
1	2	-	105,000	-	-	-	-
(A)	-	1	-	9,200	8.7	13,200	12.5
(B)	-	2	-	42,900	40.6	61,800	58.6
2	1	2	103,800	66,900	64.4	92,500	89.1
3	1	2	84,900	39,400	46.4	55,500	65.4
4	1	2	69,000	21,400	31.0	44,700	64.8
5	1	2	225,500	128,000	56.7	198,300	87.9
6	1	1	115,400	30,100	26.1	82,300	71.3
7	3	-	87,900	-	-	-	-
(A)	-	1	-	20,000	22.8	31,000	35.3
(B)	-	2	-	7,600	8.6	15,700	17.9
(C)	-	1	-	6,700	7.6	8,100	9.2
8	1	2	44,500	25,700	57.8	37,300	83.8
9	1	2	61,900	22,300	36.0	53,100	85.8
10	1	3	159,100	131,300	82.5	159,100	100.0
11	1	3	202,800	202,900	100.0	202,900	100.0
12	1	4	500,000	500,000	100.0	500,000	100.0
13	1	3	202,900	202,800	100.0	202,800	100.0
14	1	3	236,500	104,700	44.3	236,500	100.0
15	1	3	304,700	304,700	100.0	304,700	100.0
16	1	3	173,700	86,000	49.5	173,700	100.0

Service Area (Facility)	No. of MSC's	Level	Total Popu- lation Served	Population Within 10 Minute Radius		Population Within 20 Minute Radius	
				Number	Percent	Number	Percent
17	1	4	509,000	289,200	56.8	468,600	92.0
18	1	2	116,000	116,000	100.0	116,000	100.0
19	1	2	96,100	64,100	66.7	96,100	100.0
20	1	2	90,500	80,800	89.3	90,500	100.0
21	1	2	61,100	47,600	77.9	56,500	92.5
22	1	2	85,400	51,300	60.1	74,600	87.4
23	3	-	115,700	-	-	-	-
(A)	-	2	-	15,400	13.3	41,600	36.0
(B)	-	1	-	8,300	7.2	13,200	11.4
(C)	-	1	-	16,000	13.8	38,500	33.3
24	3	-	72,900	-	-	-	-
(A)	-	1	-	5,400	7.4	13,300	18.2
(B)	-	1	-	14,300	19.6	21,700	29.8
(C)	-	2	-	16,400	22.5	22,800	31.3
25	3	-	97,600	-	-	-	-
(A)	-	2	-	36,000	36.9	51,000	52.3
(B)	-	1	-	8,200	8.4	9,900	10.1
(C)	-	1	-	3,800	3.9	10,400	10.7
Total. . .	34	-	3,922,400	2,725,400	69.5	3,597,900	91.7



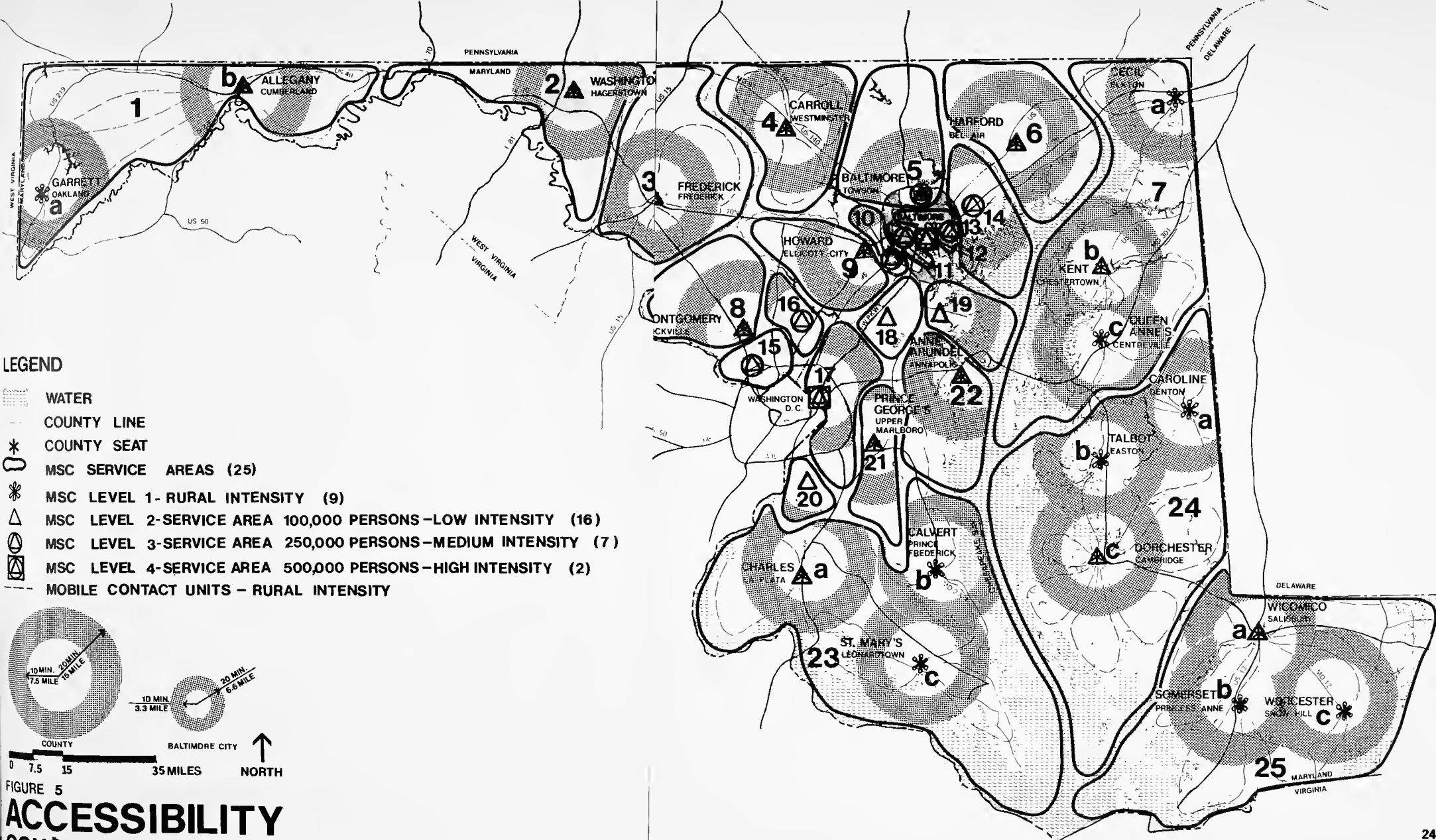


Table 7.1
SERVICE DELIVERY SYSTEM CONCEPT EVALUATION

	I. ACCESSIBILITY	
	POPULATION	INTER-GOVERNMENT
CONCEPT A EXISTING	Evaluation of population accessibility to full service facilities is not applicable to the existing system.	Degree of decentralization limits opportunities for maximizing inter-government relations.
CONCEPT B COUNTY SEATS	Access to a full service facility is achieved for 29% of the population within 10 minutes and 73% of the population within 20 minutes.	Opportunity for inter-government coordination is maximized at county seats.
CONCEPT C REGIONS	Access to a full service facility is achieved for 23% of the population within 10 minutes and 56% of the population within 20 minutes.	Opportunity for inter-government coordination is reduced to 7 county seats and, possibly, the City of Baltimore.
CONCEPT D POPULATION	Access to a full service facility is achieved for 45% of the population within 10 minutes and 81% of the population within 20 minutes.	Seventeen county seats receive MSC service facilities. Provides full inter-government cooperation opportunities in over 70% of the counties.
CONCEPT E POPULATION THRESHOLDS	Access to a full service facility is achieved for 79% of the population within 10 minutes and 88% of the population within 20 minutes.	Though 44 multi-service facilities are proposed, opportunities for significant inter-governmental cooperation are minimized.
CONCEPT F SERVICE EQUALITY	Access to a full service facility is achieved for 70% of the population within 10 minutes and 92% of the population within 20 minutes.	Every county seat is provided with a multi-service facility maximizing opportunities for inter-governmental cooperation.

Table 7.2

	II. COMPATIBILITY	
	GOALS AND OBJECTIVES	LOCAL PLANS
CONCEPT A EXISTING	Achieves: Goals - None Objectives - f,g,i,k	Flexibility of locations assures consistency with local plans and development policies.
CONCEPT B COUNTY SEATS	Achieves: Goal - 3 Objectives - a,b,d,f,g, h,i,j,k	Inconsistencies are evident in Prince George's, Anne Arundel, Howard and Harford Counties and with future development plans and policies.
CONCEPT C REGIONS	Achieves: Goal - 3 Objectives - a,b,d,f,g, h,i,j,k	Degree of centralization provides facilities in locations consistent with local development policies and plans.
CONCEPT D POPULATION	Achieves: Goal - 3 Objectives - a,b,c,d,e, f,g,h,i,j,k	Correlation with population is inherent in concept and conflicts with local development plans and policies are avoided.
CONCEPT E POPULATION THRESHOLDS	Achieves: Goals - 2,3 Objectives - a,b,c,d,e, f,g,h,i,j,k	Same as Concept D.
CONCEPT F SERVICE EQUALITY	Achieves: Goals - 1,2,3 Objectives - a,b,c,d,e, f,g,h,i,j,k	Same as Concept D.

Table 7.3

	III. EFFICIENCY	
	PHYSICAL CONSOLIDATION	CENTRAL FUNCTIONS
CONCEPT A EXISTING	Limited opportunity for effective consolidation of existing and future service locations.	Scale of operation is too small and generally not suited to maximizing benefits of shared functions.
CONCEPT B COUNTY SEATS	Consolidation of service facilities would be achieved at 24 locations.	Offers opportunity for benefits from utilization of common services, facilities and equipment.
CONCEPT C REGIONS	Consolidation of service facilities would be achieved at 8 locations.	Offers opportunity for benefits from utilization of common services, facilities and equipment for both program and support functions.
CONCEPT D POPULATION	Consolidation of service facilities would be achieved at 17 locations.	Same as Concept B.
CONCEPT E POPULATION THRESHOLDS	Consolidation of service facilities would be achieved at 44 locations.	Same as Concept B.
CONCEPT F SERVICE EQUALITY	Consolidation of service facilities would be achieved at varying levels within 25 service areas.	Same as Concept C.

III. EFFICIENCY (cont'd.)		
	SERVICE IDENTITY	THRESHOLD SERVICE LEVEL
CONCEPT A EXISTING	Degree of decentralization limits opportunity for major visual identification of state service facilities by state residents.	Service facilities not matchmated with threshold level of service.
CONCEPT B COUNTY SEATS	Centralization of state service facilities increases opportunity for major visual identification of state service facilities by state residents.	Same as Concept A.
CONCEPT C REGIONS	Same as Concept B.	Same as Concept A.
CONCEPT D POPULATION	Same as Concept B.	Same as Concept A.
CONCEPT E POPULATION THRESHOLDS	Same as Concept B.	Service facilities matchmated to threshold levels but only feasible when threshold level is reached.
CONCEPT F SERVICE EQUALITY	Same as Concept B.	Concept of threshold level of operations extended to include considerations of accessibility and below threshold factor.

Table 7.4

	IV. CONVENIENCE		
	MULTI-PROGRAM	PROCESSING	SERVICE NEED
CONCEPT A EXISTING	Multi-Service satisfaction requires individuals to seek assistance from many offices in various locations.	Separate intake screening and record maintenance required for each program service.	General correlation between location of service facilities and population need on an agency by agency basis.
CONCEPT B COUNTY SEATS	Service response at single location to individuals and families with multiple needs.	Single intake and screening and central record maintenance procedure for related needs.	Inconsistent with major population growth trends and locations of most intense service needs.
CONCEPT C REGIONS	Same as Concept B.	Same as Concept B.	Same as Concept B.
CONCEPT D POPULATION	Same as Concept B.	Same as Concept B.	Provides full range of state program services at locations of major population and general service needs.
CONCEPT E POPULATION THRESHOLDS	Same as Concept B.	Same as Concept B.	Proximity to service need based on most efficient level of operations.
CONCEPT F SERVICE EQUALITY	Service delivery at varying levels of operations matched to service area needs. Advantages of Concept B are also offered.	Same as Concept B.	Service availability reflects specific matching of facility locations with program service needs of population.

IV. CONVENIENCE (cont'd.)		
	MULTI-SERVICE LEVELS	PROGRAM COORDINATION
CONCEPT A EXISTING	Approach to service delivery reflects uni-level facilities providing single agency programs.	Multi-program interaction unachievable for addressing client's related needs in a convenient manner.
CONCEPT B COUNTY SEATS	Uni-level service facilities providing response to full range of service needs.	Common location for all program services offers opportunity to effectively coordinate related programs.
CONCEPT C REGIONS	Same as Concept B.	Same as Concept B.
CONCEPT D POPULATION	Same as Concept B.	Same as Concept B.
CONCEPT E POPULATION THRESHOLDS	Same as Concept B.	Same as Concept B.
CONCEPT F SERVICE EQUALITY	Varying levels of service facilities scaled in size to provide full range of services to local service needs.	Same as Concept B.

Table 7.5

	V. FLEXIBILITY		
	CHANGING NEED	CHANGING PROGRAMS	CHANGING TECHNOLOGY
CONCEPT A EXISTING	Can only expand or contract within the same locations based on space availability and the needs of the private office market.	Expansions or deletions in programs are limited to only those few programs in the confines of the service facility.	Certain technological changes might require capital improvements which would not be feasible in a leased facility.
CONCEPT B COUNTY SEATS	Can contract by making space available to other govts. or to private market. Can only expand if land area permits.	Locational constraint limits efficient response to program changes as related to utilization of space, staff and equipment.	Totally adaptable.
CONCEPT C REGIONS	Can contract by making excess space available to private market. Can expand quite readily.	Degree of centralization prohibits efficient response to program changes as related to utilization of space, staff and equipment.	Totally adaptable.
CONCEPT D POPULATION	Same as Concept C.	Same as Concept B.	Totally adaptable.
CONCEPT E POPULATION THRESHOLDS	Same as Concept C.	Same as Concept B.	Totally adaptable.
CONCEPT F SERVICE EQUALITY	Can contract by making excess space available to private market. Expansion is pre-planned and can be achieved quite readily.	Individual MSC programming on varied levels for service delivery provides ability for response to space, staff and equipment use changes.	Totally adaptable to include the broadest changes on any scale.

Evaluation Matrix

The evaluation matrix presented in Figure 6 is a simplistic method for correlating all evaluation factors to each concept so that the relative degree of conformity can be perceived. The matrix graphically identifies the inter-relationships among concepts and the concept with the maximum degree of positive factors becomes evident. This indicator system provides a rational decision making basis for final system selection.

Rating System

The degree to which the various MSC system concepts conform to the evaluation criteria is indicated by assigning a relative magnitude to each of the factors identified in the evaluation matrix. The magnitude ratings range from maximum to unsatisfactory with various degrees of criteria conformity established between these two extremes.

If a system concept has the potential of conforming to a criterion to the fullest extent it is then given a maximum rating. A satisfactory rating is given when the general intent within the meaning of the criterion is realized, but less than complete consistency is evident. A system concept is rated moderate to indicate the least degree of conformity a concept can achieve and still be considered acceptable. A minimum degree rating is applied when an evaluation criterion is met to such a small extent that virtually none of the benefits or advantages associated with the criterion are achieved. Concepts that

have inherent conflicts and incompatibilities in respect to evaluation criterion are value rated to the unsatisfactory degree.

To provide a method for ranking concepts in order of merit, quantitative values are associated with the various qualitative magnitude ratings:

<u>Magnitude Ratings</u>	<u>Value</u>
A. Meets Criteria to Maximum Degree	4
B. Meets Criteria to Satisfactory Degree	3
C. Meets Criteria to Moderate Degree	2
D. Meets Criteria to Minimum Degree	1
E. Meets Criteria to Unsatisfactory Degree	0

An aggregation of the values applied to each of the concepts provides a basis for order of merit ranking in relation to the level of consistency and conformity demonstrated by system concepts in respect to the evaluation criteria. Figure 6 .

Findings

Application of the evaluation procedure indicates Concept F - Service Equality system as having the highest value accumulation. It is judged on this basis to have the least disadvantages and deficiencies of all concepts evaluated and as most consistent with Multi-Service Center goals and objectives and suitable for further consideration, examination and evaluation.

Significant potentials are evidenced in Concept F in virtually every area of investigation over other concepts evaluated. The high degree

FIGURE 6

SUMMARY EVALUATION MATRIX

SERVICE DELIVERY SYSTEM CONCEPTS	ACCESSIBILITY			COMPATIBILITY			EFFICIENCY			CONVENIENCE			FLEXIBILITY			RATING VALUE TOTALS
	POPULATION	INTER- GOVERNMENT GOALS AND OBJECTIVES	LOCAL PLANS	PHYSICAL CONSOLIDATION	CENTRAL FUNCTIONS	SERVICE IDENTITY	THRESHOLD SERVICE LEVEL	MULTI- PROGRAM	PROCESSING	SERVICE NEED	MULTI-SERVICE LEVELS	PROGRAM COORDINATION	CHANGING NEED	CHANGING PROGRAMS	CHANGING TECHNOLOGY	
CONCEPT A EXISTING	○	◐	●	○	○	○	○	○	○	○	○	○	●	◐	◐	13
CONCEPT B COUNTY SEATS	◐	◐	◐	●	◐	●	○	●	●	◐	○	●	◐	◐	◐	44
CONCEPT C REGIONS	○	◐	●	●	●	◐	○	●	●	○	○	●	◐	◐	◐	38
CONCEPT D POPULATION	●	◐	●	●	◐	◐	○	●	●	●	○	●	◐	◐	◐	48
CONCEPT E POP. THRESHOLDS	●	◐	●	◐	◐	●	●	●	●	●	○	●	◐	◐	◐	51
CONCEPT F SERVICE EQUALITY	●	●	●	◐	◐	●	●	●	●	●	●	●	●	●	●	62

VALUE

MAGNITUDE RATE

LEGEND:

- MEETS CRITERIA TO MAXIMUM DEGREE 4
- ◐ MEETS CRITERIA TO SATISFACTORY DEGREE 3
- ◑ MEETS CRITERIA TO MODERATE DEGREE 2
- ◒ MEETS CRITERIA TO MINIMUM DEGREE 1
- MEETS CRITERIA TO UNSATISFACTORY DEGREE 0

of consistency with evaluation criteria reflects the planning technique of developing service delivery concepts in sequence with each subsequent concept incorporating advantages of the previous. Concept F provides for convenient response to all levels of service needs at a single location, has sufficient flexibility to meet changing conditions and functions at a scale that offers maximum efficiency of operation. Additionally, it provides the mechanism for achieving state defined goals and objectives of a service delivery system.

Concept A, the existing system, though ranked lowest in order of merit in terms of its ability to meet multi-service center standards, reflects an approach to service delivery that has historical precedence and general acceptability with state agencies. Commitments by the state to the existing system include multi-millions of dollars of operating facilities and over \$6.5 million of leased space from which service delivery is supported and carried out. The investment of capital, time and resources alone, that has been devoted to the present system, mandates Concept A to be a principal candidate, along with Concept F - Service Equality, for further evaluation.

Phases 600 and 700 of the Multi-Service Center study will provide an assessment of the differences between the present service system - Concept A and Concept F in terms of relative costs, effectiveness and benefits to the state and the service recipient. Further analysis during these phases will focus on the ability of the state to meet the

financial requirements of these two principal service delivery systems and to explore funding sources. An order of preference will be presented as further basis for comparison and for final system selection to be made in Phase 800.

ADMINISTRATIVE AND OPERATIONAL ORGANIZATION

While previous evaluations have indicated several service delivery advantages from co-locating agencies, the Multi-Service Center concept provides the opportunity for additional modifications which have the potential of achieving greater cost savings and service delivery efficiency and effectiveness. This section of the report identifies these opportunities.

Having thoroughly evaluated the Multi-Service Center system, its varying concepts and program inclusions, it is essential that the service delivery mechanism - the administrative and operational organization- be evaluated and that alternative organizational formats suited to an MSC system be perceived. It is in this very area that the state is specifically represented to its people via the person to person contact and where efficiencies, economies and improved personal service can be achieved.

Government at all levels in the United States employs 18 percent of the nation's labor force. The State of Maryland employs nearly 32,000 persons in the state's twelve cabinet level departments. A major component of this work force is the conduit for administration and service operation with approximately 7,400 employees related to direct provision of services to the nearly 4 million Maryland residents.

Most American's lives are organized around their jobs and their work ethic represents a commitment to productivity, personal security, self esteem, professional dignity and broad involvement in work responsibility. Yet this work ethic is all too often thwarted by over-simplification, over-specialization and impersonality of the work process - all geared to achieve highest productivity. This dichotomy contributes to increasing consumer complaints about the quality and personal nature of service received.

Administrative and Operational Organization evaluation only takes on a meaningful sense when it is correlated to the delivery process, the consumers reaction and desires, the size of an MSC and costs.

It is not necessary to dwell on the problems that specialization and fragmentation of services have caused to the delivery system, its cost and benefits. Guiding people in and out of the maze of specialized services located in certain of the 603 varying locations in the state is as frustrating and time wasting to the conscientious caseworker as it is to the client.

As stated in prior reports of this study, a Multi-Service Center requires that each center provide no less than a full complement of state direct contact services needed by the people residing in a particular service area. Each center must therefore have a large enough

service area population to support the various required program delivery staff and support staff.

The threshold level for a multi-service center has been previously illustrated to be a service area population of 100,000 having available to them a minimum of 83 state direct contact programs delivered by a staff of approximately 165. A center of this scale or two to five times larger with the corresponding number of personnel operating in a dispersed configuration from their respective departments could imply the need for a substitute administrative framework. Such substitutions could create problems as evidenced in the following study reports.

In the Kirschner Associates Report ("A Description and Evaluation of Neighborhood Centers", 1966) we find:

"Where the centers are tightly organized with clear, precise functions and status levels specified, the clientele tend to be unresponsive. People find the formal, bureaucratic organization to be intimidating. It appears to be cold, impersonal, detached, unsympathetic."

"Interviews with 200 service center clients showed that they felt it was a favor, not a right, for them to be in a service center."

A 1968 service center study by the Center of Environmental Structure states:

"As the scale of the operation grows, more and more of the agency's functions are translated into administrative jobs which can be performed by administrators. The result is that the community member is being handled mainly by clerks, rather than by professionals. The symbolic and realistic feeling of harassment resulting from a direct confrontation of the community member with an alienating and impersonal bureaucracy is detrimental to the success of the service center."

The study further states:

"Another type of bureaucratization which may occur in a large single structure facility is the promotion of rules and regulations, written and unwritten, which tend to develop in a large bureaucratic establishment. A large service center which employs a large number of public services will foster formal relationships and standardized conduct among employees..."

The client insensitivity inherent in the above described situations is to be avoided regardless of the size of the service facility or number of agencies and staff located therein.

Certain other factors which also have a bearing on the administrative and operation organization should be considered:

Processing - Intake applications for agency services are basically repetitive and the paperwork to establish eligibility or to satisfy processing requirements often diminishes the worth of the assistance. The initial processing time for an applicant is so time consuming that the net effect is a proportional decrease in the available staff service

delivery time. It is recognized that various government regulations and requirements - Federal, State, county and local - are primarily responsible for this dilemma.

As it is presently organized, the process used by agencies throughout the nation for establishing service eligibility frequently turns out to be a demeaning and somewhat humiliating experience for the applicant. This is particularly true of the multi-need individual or family that encounters a number of different agencies in the system requiring basically the same information. Not only is it a waste of professional time but the repeated asking for such innocuous information as name, age, sex, race, address, phone number, marital status, employment, etc. plus the requirement to produce a birth certificate, social security card, armed forces discharge papers, payroll checks, paid bills and so forth merely reinforces the clients feelings of alienation and that "they" don't really care.

The sad aspect of this is that agencies are generally staffed with highly motivated and capable people who have a strong desire to provide meaningful and satisfying service.

Alternatives to this processing system are therefore valuable considerations.

A master multi-copy form for intake processing for related programs by various agencies could be designed. The required information could be obtained at one intake interview and the required number of copies could be distributed to the various agencies. The form design could provide for the obtaining of certain confidential information required for one agency without its being duplicated on all attached copies.

This procedure could then serve as the basis for preparation of a magnetically coded identification card for the applicant which would then obviate the need for subsequent and repetitive filling out of applications.

Centralized, Comprehensive and Current Record Maintenance - Centralized record keeping as suggested in the Phase 200 report would eliminate to a major degree the duplication of processing forms and records which is costly in time, staff and space. Correct and complete records avoid misuse of programs while assisting in the provision of total delivery. A computer program could store client statistics which would be available for recall on appropriate agency fact sheets. A coded retrieval system could assure confidentiality.

The complexity and specific configuration of the system will depend on a number of factors, the most important of which are the volume of service, how often and how rapidly access is required, the number of

remote stations needed and the extent to which departments have adapted their record keeping system to electronic data processing.

A moderately sophisticated system could be designed to accept and display information in several varying formats thus avoiding the necessity of duplicating records to satisfy the format differences of participating agencies or having those agencies change their forms. By using remote stations, caseload files will be available simultaneously at a number of places for review or updating. The confidentiality of certain files or items within files can be assured by providing users with code numbers which determine the information that will or will not be available to the user. This EDP system is currently available and makes possible the increase in efficiency of case processing and planning, and of equal importance, program and caseload evaluation.

Flexibility - Direct contact programs, their services, eligibility, funding, caseload and staff are continuously affected by forces of change. Certain program changes are pending legislative action and certain new programs have been proposed during the preparation of this report. Therefore an MSC must be able to respond to these changes physically, programmatically and administratively. Program flexibility and administrative flexibility will be studied in Phase 800 and physical flexibility will be studied in Phase 1000.

Costs - With the escalating consumer price index it is imperative that capital costs, operational costs and personnel costs achieve a maximum

service delivery effectiveness. These cost issues will be evaluated in depth in Phases 600 and 700.

Management Control - Administrators are generally in the higher salary levels and therefore fewer numbers of required administrators obviously equates to direct cost savings. Conversely, the lack of adequate supervision of the larger number of operational staff creates inefficiencies which are costly and such inefficiencies are unsatisfactory to the service consumer. An administrative organizational system which provides the necessary equilibrium must be established. The flexibility for responding to continuing change as previously discussed also falls within the management domain.

Evaluation of an MSC's administrative and operational structure has now been placed in a broader context.

The previous excerpted reports, other available neighborhood service center analysis reports, Presidential Task Forces papers and certain statements of Federal agency heads, lead one to the blunt conclusion that our nation's service program has, so far, generally been a massive failure. It has all too frequently been a specific response mechanism to the needs of the hard core poor. And to quote a former official of the U.S. Department of Health, Education and Welfare, "*Service to the poor, has been poor service*".

To some extent, the failure has been caused by the inadequacies in the services themselves as well as the segregation of services for a particular community group. The size of the facility makes little difference. It is the overcoming of the communities feelings towards bureaucracy, the integration of services for the entire community and its needs, and achieving a response to a public service in a more satisfactory fashion.

As previously stated, over-specialization, over-simplification and impersonality in the work process thwarts that work ethic. All too frequently, a service client encounters personnel who examine only one facet of his need and treat all cases in a similar fashion. After the personnel member has dealt with the special need assigned to him, the client is all too infrequently referred to another agency or agency personnel member that will consider another facet of the need. It follows that such service staff cannot view the client as a whole person and thus the service provided is impersonal.

As stated in the Phase 400 report, for the purposes of this MSC study, the view is pragmatic: improving the work place, the organizational structure and the nature of the work can lead to better client relations.

The following provides an examination of the existing and alternative administrative organizational structures and techniques.

Alternative A: Existing Organization

Description

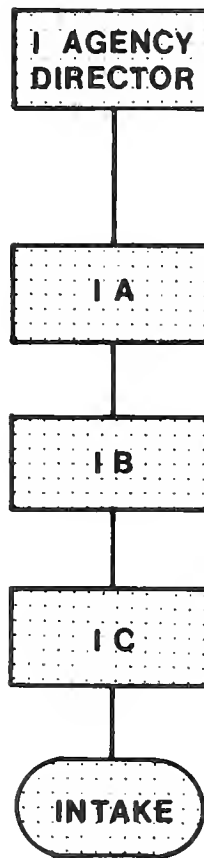
Alternative A (Figure 7) illustrates the traditional lines of agency administration and the existing organizational structure of a single agency in a single location as indicated in MSC system Concept A (Phase 400 report).

Analysis

The general pattern for a client needing an agency service in this format is rather direct but somewhat impersonal at all levels of contact prior to actual receipt of service delivery. The client's need is ascertained by an information clerk or receptionist and the client is referred to various program personnel in various offices.

Based upon the floor plan and office layout in this location, all too often the clients will request confirmation of their point of destination from various personnel that they encounter enroute. This is disruptive to these personnel members, diminishes their productivity, elongates the time/delivery equation and generates certain dissatisfaction on the part of the client.

In the event a client has a multiple need or has misinterpreted the need, a referral to another agency in another location is the required process. The obvious inconvenience to the client and the difficulty encountered in referral follow-up by staff is a deterrent to efficient operation and total response to the client.



I AGENCY
A-C PROGRAM

FIGURE 7
ADMINISTRATIVE ORGANIZATION
ALTERNATIVE A: EXISTING ORGANIZATION

Alternative B: Agency-Oriented Organization

Description

Under Alternative B, traditional lines of agency administration are followed. Several agencies are depicted as grouped together at a single location, but without any formalized administrative interrelationship. While examples of this arrangement can be cited as currently existing, particularly in respect to agencies having related service responsibilities, it is not a prevalent state utilized organizational arrangement. Figure 8 displays this concept in diagrammatic form which assumes the MSC context and hypothetical service units or agencies. Each agency (I, II, etc.) provides a director who oversees program operations A, B and so forth. Intake - and perhaps outreach - are also provided by each agency, independent of all other agencies. The pattern and structure is totally vertical.

Analysis

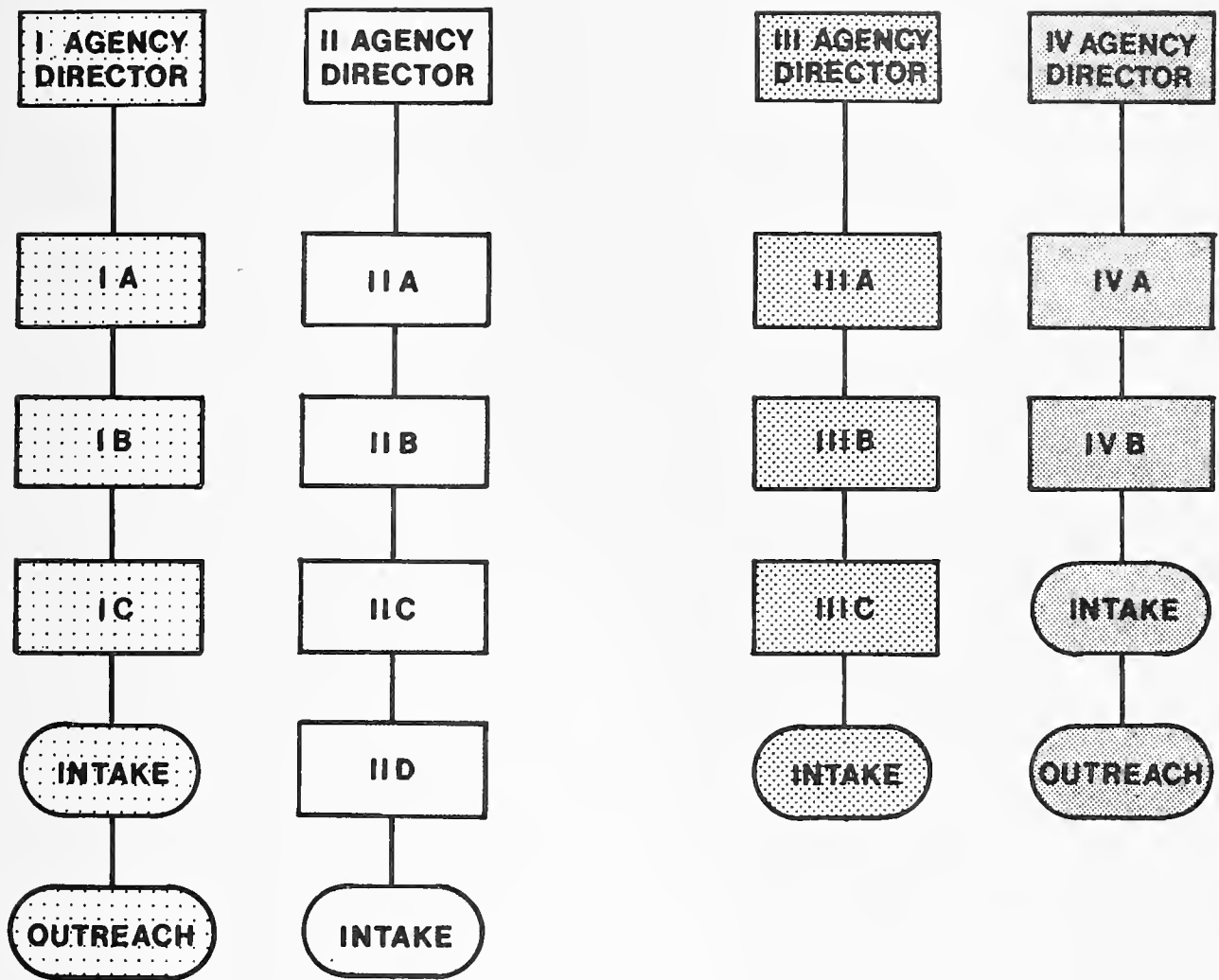
This concept of administrative organization has been generally accepted on a national basis as the prevalent organizational arrangement for many reasons. It helps to demarcate functional areas of responsibility. Additionally, ranks in the organization are clearly established by the hierarchy, and the sphere of departmental control is well established. Thus, a clearly defined vertical organizational framework exists.

However, this clarity is achieved at the expense of the agency, its staff and clients alike. Isolation from other agencies tends to

develop, and the client with multiple service needs is required to interact with a multiplicity of personnel representing the various agencies contacted which necessitates repetitive statements of need and processing activities...all of which encumbers time of both the state personnel and client which equates to additional cost and delay for service delivery.

The opportunities for total ascertaining of client's needs and overall recommendation of programs and services available are diluted, if they exist at all. This vertical framework is highly specialized within the linearity of a department's singular responsibility to its authorized programs and functions and contrasts to a client's needs which might require inter-departmental program service. Each agency has an intake operation but not all provide an outreach program.

An underlying subtlety of this model is that client-related personnel are constrained from providing responses to broad needs of people and thus there is an intrusion of impersonality into the system. The commitment is therefore achievement of institutional goals rather than social goals.



I-IV AGENCY
A-D PROGRAM

FIGURE 8

ADMINISTRATIVE ORGANIZATION

ALTERNATIVE B: AGENCY-ORIENTED ORGANIZATION

Alternative C: Modified Agency-Oriented Organization

Description

Alternative C illustrated in Figure 9 is a slight modification of Alternative B. It introduces a centralized intake and outreach function which serves all agencies. This departure from the more traditional concept of service delivery represents an integrated client orientation.

The central outreach program is an informational program which apprises the residents of the MSC's service area of the programs available, the total range of services offered, eligibility and processing requirements, locational and transportation details, hours and days of operation - and in the ultimate, contacts and generates a relationship with other governmental and non-governmental service groups, i.e., industrial, fraternal, charity, social, recreational, religious, legal, law enforcement, academic, health, etc., to reach persons eligible for and/or in need of service.

A major support tool of the central outreach program would be the directory of services as recommended in the Phase 400 report. This "Yellow Pages" directory would provide information as to the types of programs, assistance and service available. Additionally, eligibility requirements, documentation necessary for initial processing, location, days and hours of operation and other service related information would be made available.

The central intake program provides for a personal counselor processing system rather than merely an information and application distribution station. The intake counselors will ascertain a person's needs, will be generally familiar with all programs that are potential for match-mating to these needs, will assist in the filling out of all required forms, will review required documentation to assure that the processing will be uninterrupted, and will arrange schedules and specialists as needed from all department agencies housed within the MSC. When appropriate, the counselor will personally convene the functional specialists for consultation with the client and assist in the processing and service delivery effort. This group will compose a caseload Program Action Team. For repetitive client needs, this generalist counselor will be available on all subsequent visitations to personalize the relationship and to achieve optimum delivery responses...thereby saving time and money and achieving a satisfied clientele.

These intake counselors represent a specialist/generalist division among professionals and provide the greatest opportunity for achieving a satisfied work ethic by stimulating total involvement. This concept embraces a new referral process in that it is the generalist counselor and not the client who is required to ensure that referral service programs are appropriately delivered.

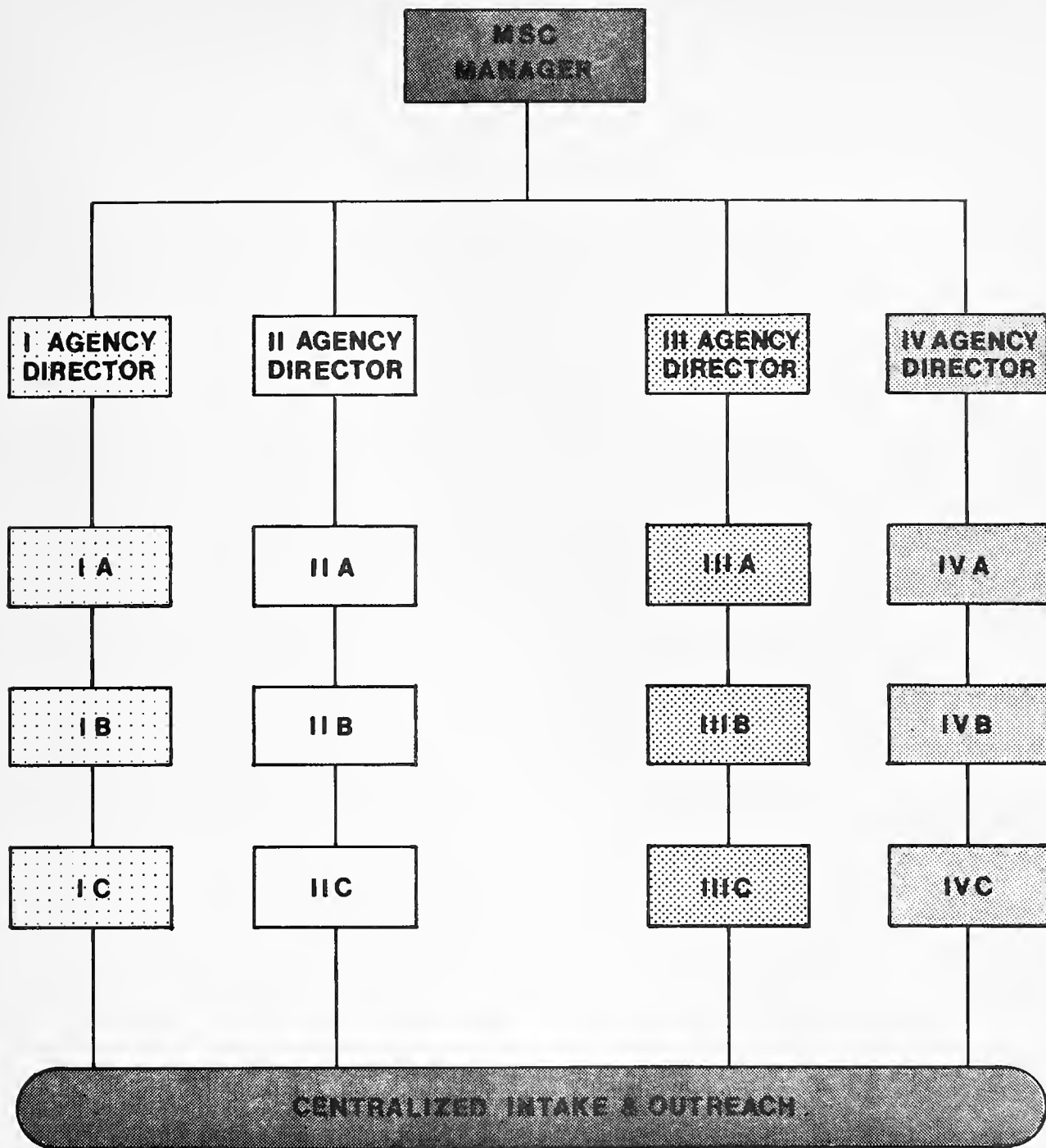
In order for the centralized intake and outreach process to work within a vertical agency system, the staff would work for and under the direction of an MSC Manager.

The MSC Manager would have two primary responsibilities. The first is the day-to-day management of the MSC facilities and grounds, including the centralized telephone switchboard operation, janitorial services, security services, parking facilities, child play area and the tenant rental spaces.

The second primary responsibility would be the provision of central or core services. These services would include the central outreach program, the central intake program and those services which lend support to all of the agencies operating in the center. Examples of such services might include transportation, community organizations services and volunteer services, central purchasing, central library, central printing and duplicating, central mail room, central audio/visual room, conference rooms and the MSC community auditorium.

The MSC Manager relieves the occupant agencies of such routine concerns and permits service agency directors and staff to concentrate their efforts on the delivery of services.

Subject to the economic evaluation which will take place in Phase 600, it is assumed that additional costs are not a direct derivative of this arrangement. It is also assumed that additional overall staff needs will be decreased while staff efficiencies will be increased. The per capita savings should be substantial.



I-IV AGENCY
A-D PROGRAM

FIGURE 9

ADMINISTRATIVE ORGANIZATION

ALTERNATIVE C: MODIFIED AGENCY-ORIENTED ORGANIZATION

Alternative D: Client-Oriented Organization

Description

Alternative D, Figure 10, represents a client-oriented organizational system. This configuration is derived by combining service agencies providing various service programs into structured units based on common client population needs and program relationships.

Service Directors, working under an MSC Manager, would represent the primary middle management personnel in this arrangement. Specialists would provide services at the program level, while generalist professionals would facilitate appropriate service delivery to clients via the centralized intake and outreach system.

Analysis

The implementation of this alternative would probably prove to be most difficult of all - but the most beneficial. Whereas, Alternative C provides a degree of agency and program linkage through the centralized intake and central management functions, even a greater coordinated service delivery effort can be achieved with the grouping of related programs into functional components as suggested under this alternative.

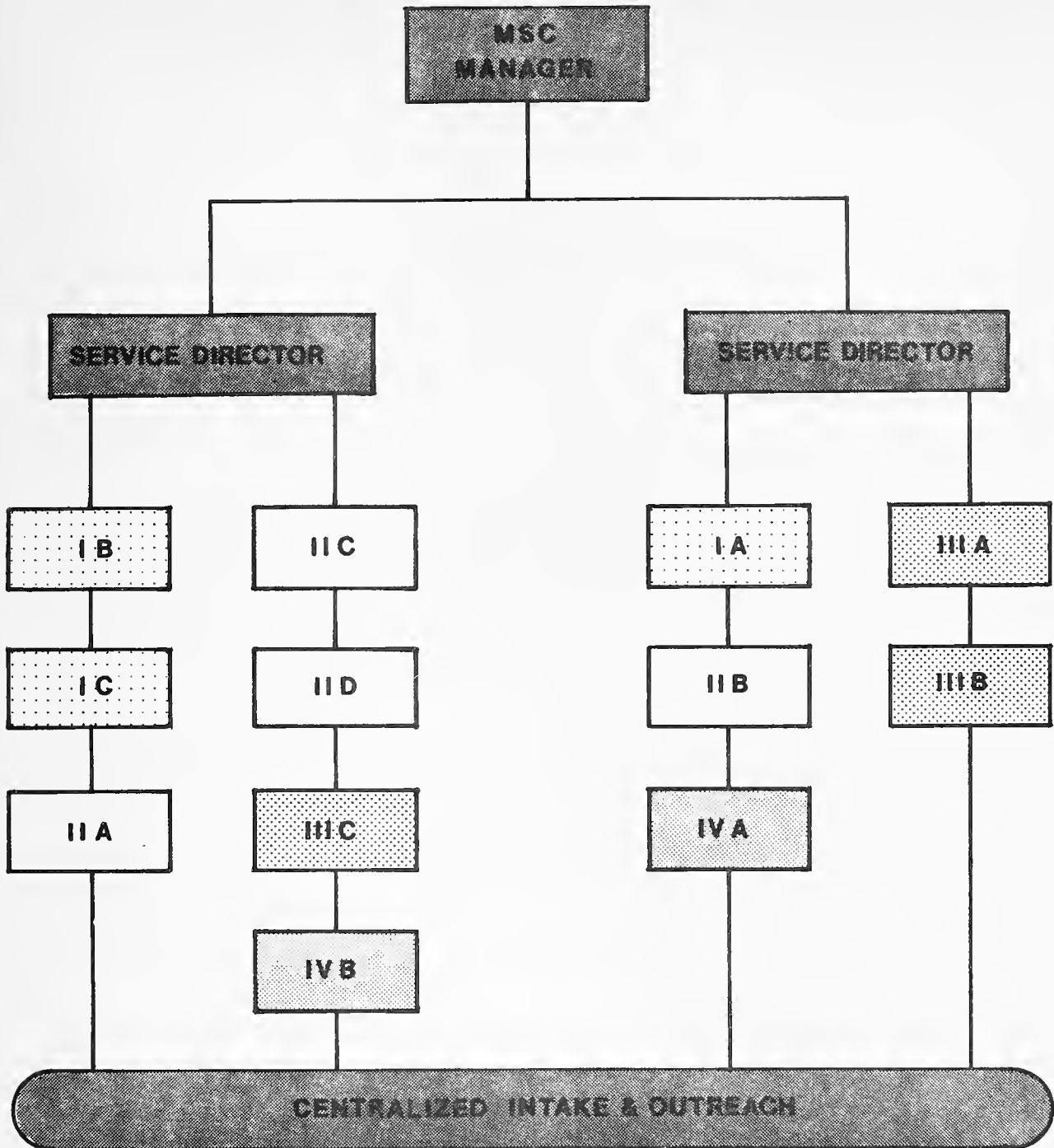
In this organizational system, the service response to a client's need is maximized. The centralized intake personnel could discuss a client's broad needs with the Service Director who would approve the convening

of specialists from any and all program agencies of any and all departments to meet with the client to evolve an overall response. This response could be a composite of categorical programs of individual agencies of vertical departments.

The horizontality of Alternative D somewhat parallels the Governor's cabinet level and achieves on the functional and operational level what the Governor has achieved on a policy and administrative level.

Agency interaction is not only made possible, but is stimulated. Client processing is centralized and cost savings are obvious accruals from the elimination of duplicatory processing and staff.

The non-linear organizational structure provides for maximum adaptability and flexibility to meet variations in service demand and changes in service functions, programs and requirements. Service staff could be readily available to provide varying services to Level 1 MSC's as scheduled by the Service Directors. Staff could also be assigned to mobile service facilities on a part-week basis as scheduled by the MSC Manager. In the event of an emergency in the service area, the MSC Manager could be responsible for the mobilization and response effort.



I - IV AGENCY
A - D PROGRAM

FIGURE 10

ADMINISTRATIVE ORGANIZATION

ALTERNATIVE D: CLIENT-ORIENTED ORGANIZATION

Alternative D provides the opportunity to achieve totally, or to a major degree, the following Goals and Objectives which have been defined for the MSC system and applicable elements which were used in the evaluation framework for the MSC system.

Goals

1. Develop a service delivery system that is responsive to the existing and projected needs and desires of citizens and provides equal opportunities for service delivery throughout the State of Maryland regardless of population concentration, geographic locations and socioeconomic characteristics.
2. Design a system that affords the public the opportunity to avail itself of public programs and services in the most convenient manner.
3. Organize the delivery of services to the public in a manner that utilizes the state resources - human, financial, technical - most efficiently.
4. Provide the opportunity for optimizing interagency coordination and cooperation as it relates to delivery of governmental services to the public.
5. Implement development of a system that would function within an optimum framework, yet flexible and responsive to:
 - a. Changes in program.
 - b. Changes in the needs of the population.
 - c. Changes in service delivery techniques.
 - d. Unforeseen changes in human endeavor.

Objectives

- Develop an improved system of state service delivery where programs and facilities are responsive to the needs of the population served.
- Achieve increased public awareness of services provided by the State of Maryland.
- Achieve, where and whenever possible, efficient, one-stop service delivery.

- Provide for a system of service delivery which eliminates delays and the inconvenience of understaffed, over-utilized facilities in densely populated areas. .
- Rationalize the organization and delivery of services to eliminate duplication.
- Achieve improvements in service delivery processes where utilization of staff and facilities are maximized.
- Maximize the benefits derived from expenditure of public funds in delivery of governmental services.
- Interrelate, whenever possible, delivery of services within programs and functions that overlap.
- Reduce the problem of insufficient interagency coordination and communication.
- Provide a pattern for standardization, unification and consolidation of facts, data and information pertaining to services provided to the public at all governmental levels.
- Establish a framework for monitoring effectiveness of the service delivery system.
- Develop a program for analysis and evaluation of change in public needs and governmental programs.
- Design a service delivery system that can combine stationary and mobile facilities and services in a manner that can respond to changing and emergency demands placed upon the system.
- Provide for a system that minimizes disruption and inconvenience to programs and operation when a system transition is implemented.
- Provide innovations in service delivery which facilitate the achievement of other goals and objectives.

Alternatives A through D provide a full range of administrative and organizational formats for MSC consideration. The analysis of each addresses the multi-need, multi-service response...the lack of which is the major weakness of most human service systems. These alternate formats are not to suggest that a single service need is to be

processed in the same manner. Three broad categories of MSC service recipients are defined which would require different intake procedures and circulation patterns through a Multi-Service Center. A schematic diagram identifying the various approaches is shown in Figure 11.

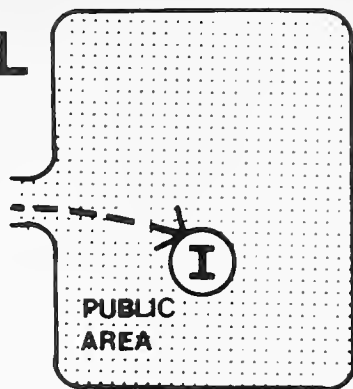
Informational requests are handled at the visitor reception area, which is the point of contact for obtaining all forms, program catalogs, directions and general information concerning service availability. Staff contact for the information seeker beyond this initial station would not be necessary.

Central intake involves those persons primarily in need of multiple service and generally of a social or economic nature. In such cases, due to program eligibility requirements, service recipients would be directed to the central intake area where appropriate staff would ascertain their needs, matchmate these needs to programs and assist in the processing and delivery system.

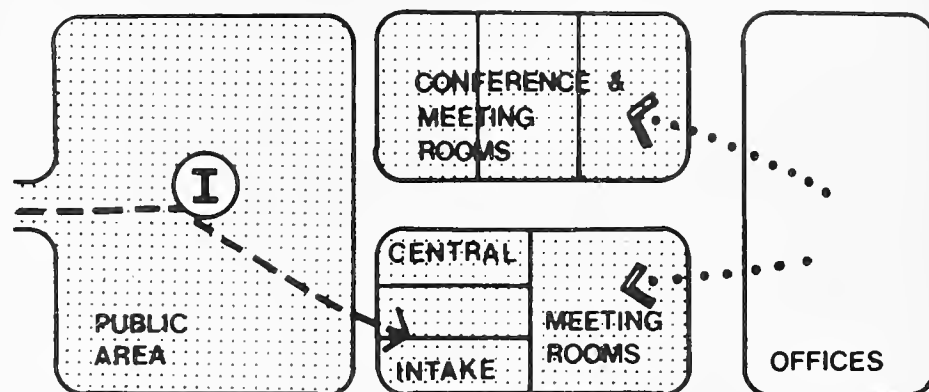
Direct intake is related to a general process that persons with a single service need would follow when visiting an MSC. Examples of programs appropriate to direct intake would be licensing, permits, driver tests, judicial hearings, etc. Since a determination of eligibility or related programs is not required, the service recipient would be directed from the visitor reception area to the proper location in the MSC for directly receiving the required service.

The key to the internal circulation response for varying service needs is the MSC design plan. Herein lies one of the greatest challenges of the study. This issue will be addressed in the prototypical plan and design for an MSC which will be developed in Phase 1000.

INFORMATIONAL



CENTRAL INTAKE



DIRECT INTAKE

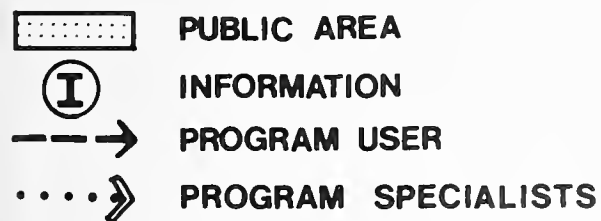
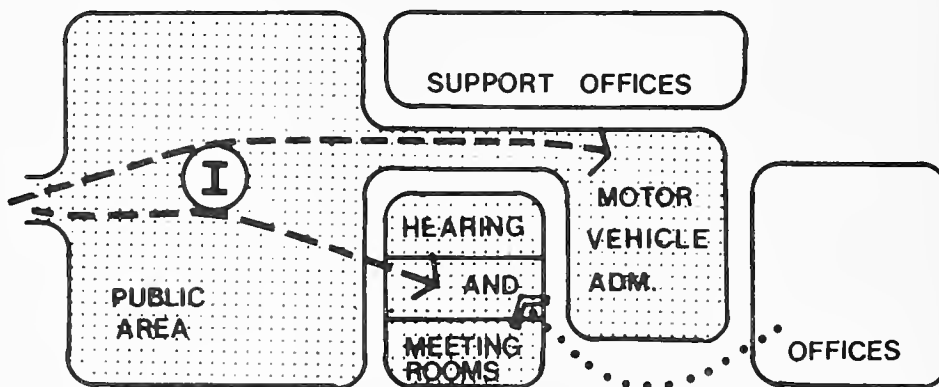


FIGURE 11
STATE PROGRAM SERVICE DELIVERY
FOR GROUPS OF ACTIVITIES

FEDERAL COMMITMENT TO MULTI-SERVICE CENTER

A key task of this study phase is to identify and assess Federal Government commitment to the concept of Multi-Service Centers. The importance of this assessment is to generally ascertain whether there would be any cut-back in federal service program grant funding as a result of the program's inclusion in an MSC.

The very enormity of the Federal Government makes it obvious that there is no single person who could serve as a research resource to this issue nor is there a reachable group of reasonable size with realistic responsibility to provide authoritative inputs. Therefore, a review of the underlying forces which led to federal sponsorship of projects for centralized service delivery systems, the initiation of the Neighborhood Center Pilot Program in 1966 and an examination of recent legislation - proposed by the executive and/or the legislative branch of government provides a basis for this assessment.

The enactment of the Economic Opportunity Act of 1965 revived the national interest in development of community service systems. The OEO sponsored Community Action Program under this Act, in particular, provided both funds and impetus toward decentralization of services. This effort drew to some extent upon earlier experiences to cope with the complex problem of juvenile delinquency under the Juvenile Delinquency and Youth Offenses Control Act of 1961. The War on Poverty effort gave the neighborhood centers program a much more powerful and broader thrust.

Rapid and extensive proliferation of categorical programs under the New Frontier and Great Society was an even more powerful force for development of Neighborhood Centers. The 1969 edition of the Catalog of Federal Domestic Assistance Programs, prepared by the Office of Economic Opportunity, listed and described 581 programs and activities administered by 47 Federal departments and agencies. A more detailed compilation previously prepared for Vice President Hubert Humphrey listed in excess of 1,300 programs.

No one knows how many local centers are presently funded by federal agencies...but they are believed to run into the thousands. The Department of Health, Education and Welfare is presently sponsoring a nationwide survey of such centers to fill part of this information gap.

A 1973 paper prepared by Michael S. March for the Institute of Governmental Affairs indicates the following numbers of federally funded assistance centers:

- . 2,600 OEO multi-purpose neighborhood centers, of which about half have less than four employees, and probably no more than 860 provide three or more specialized services on a full-time basis.
- . 270 OEO neighborhood legal service centers, including some 50 in the neighborhood service centers mentioned above.

- . Nearly 50 OEO neighborhood health centers.
- . Over 30 OEO Parent-Child centers.
- . About 350 HUD Neighborhood Facilities Grants to build or rehabilitate facilities for OEO centers or for the Model Cities effort.
- . Some 170 youth opportunity centers funded largely by the Department of Labor. Many of these are in the process of being converted to human resource development centers.
- . About 165 community mental health centers assisted by the National Institute of Mental Health.
- . Over 100 HEW funded maternal and child health centers and 20 comprehensive health projects funded by the Public Health Service.

In addition, many other federal agencies and bureaus render services through decentralized offices. The federal-state Employment Service also operates about 2,000 employment offices in the nation and large numbers of new day-care facilities for children are in the offing under the Work Incentive Program (WIN).

In 1964 the OEO Community Action Program provided for an expansion of funds for neighborhood centers. OEO's move into the social service field prompted a considerable interest in certain established federal

agencies such as HEW, HUD and Labor. A White House Task Force recommended a national network of 500 "One-stop Neighborhood Centers" with the ultimate objective of creating 1,000 such centers costing \$200 million per year.

However, an inter-agency group convened by the Bureau of the Budget and including representatives from the Departments of HEW, HUD and Labor, as well as OEO, determined that despite the numerous centers and decentralized offices already in existence, there was not adequate information and knowledge about the scope, structure and procedures for an effective multi-purpose center. The group considered it to be infeasible to move forward on such a major nationwide effort without having a tested prototype center.

This decision led to the Neighborhood Center Pilot Program in 14 cities. The cities selected were: Boston, Chattanooga, Chicago, Cincinnati, Dallas, Detroit, Jacksonville, Louisville, Minneapolis, New York, Oakland, Philadelphia, St. Louis and Washington. Reviews of this program from a public administration as well as a substantive point of view conclude that the demonstration program produced positive and valuable results. While the difficulties are numerous, it has been concluded that they are largely of their own creation.

The evidence suggests that there is a great potential advantage in effective implementation of multi-service centers. States can initiate them and the ideal situation is a partnership action by all three government levels -- federal, state and local -- as well

as the participation of private and non-profit organizations.

In 1972, four federal actions were taken to provide the framework within which a wide-ranging reorganization could take place: revenue sharing legislation, amendment of the Social Security Act, "streamlining" of the executive department and requirements for reorganization and modernization of government in many states.

Although a major restructuring of federal, and perhaps state, activities that promote health and welfare seems at hand, it is possible that the end result as suggested will be the kind of administrative reorganization that changes the boxes on a chart without altering the functions which government performs for the benefit of its citizens.

Social Services in its broad usage covers all health and welfare expenditures including income support through social security, public assistance, education, medical care and housing. These services, according to the "Social Security Administration Bulletin, Annual Statistical Supplement, 1971", involve nearly 15 percent of the gross national product and nearly 50 percent of all federal, state and local government expenditures. This one hundred billion dollar expenditure tends to obscure the unique opportunity now at hand to construct a more rational system of tax-supported human or social services that must complement the much larger system of cash payments and income transfers for the disadvantaged. A minimum of fifty-two and a half

billion dollars from the federal government supplements much larger state and local expenditures for professional and para-professional services that address the problems of dependency, deviance, crime, disability, addiction, mental illness, retardation, and the like.

The Allied Services Bill proposed in 1972 by the U.S. Department of Health, Education and Welfare, sets forth the reorganization of its sprawling human services programs through modernization of the state government. Though the Bill did not pass Congress, it is worthwhile to examine the plan. It required that state governments establish service areas; identify general-purpose agencies as the primary responsible agency in each service area; establish a state agency for supervision; and assure that all the specified human resource agencies share in decision making. The legislation was premised on the belief that the main flaw in the personal social services structure is duplication and lack of coordination among agencies. Its objective is to reduce fragmentation by realigning the network of existing service activities.

The administration program postulates that a central data base will permit a multi-service delivery organization to pick up a potential consumer and to then funnel an appropriate package of services to the individual without loss of clients enroute, without unnecessary dropouts, and without duplication or frustrating client receipt of assistance. The agency first receiving the request for service gets central file

data through a computer terminal on each applicant. If the client was known to any agency before, all relevant data are picked up at once, along with a comprehensive plan of all services needed to move the client to non-dependancy.

These basic objectives are sound. To assume that the Allied Services Bill or similar legislation will be adopted in the near future, is reasonable. The State of Maryland MSC program is totally consistent with most of the legislative thrusts. Implementation of an MSC program and attainment of all service program integration within an MSC is compatible with federal policy and will provide a significant lead for Maryland in this science of human service delivery.

DATA REFINEMENT

As part of the on-going study process the collection and evaluation of basic resource data is continuing in parallel with the overall study effort. The approach is to make full utilization of all information pertinent to critical study elements whenever it becomes available. This refinement of basic data involves the reexamination of certain completed study tasks with respect to new and more complete data made available by state agencies.

Particular attention is being given in the data recycling procedure to agency program services including related information regarding program staffing, frequency of use and employee space standards. These are key data items in providing a substantive basis from which threshold levels for staff, population and size formulated in Phase 400 can be generated. Thresholds reflect optimal levels at which Multi-Service Centers can operate in terms of program inclusions, staff assignments and facility size. These are departure points for the detailed planning in future phases as to facility locations, detailed cost, design, site standards, capital programming and scheduling.

A recently released document provided the opportunity to supplement and reevaluate program service information previously collected and presented in earlier progress reports (Phases 300 and 400). Selected state programs that offer benefits to local Model City Programs and to Local Governments are described. Program and related information is included

for the State Departments of Health and Mental Hygiene, Education, Employment and Social Services, Transportation, Natural Resources, Public Safety and Correctional Services, Economic and Community Development, and Independent Commissions. Five other state departments are not inclusions of this document.

Program information has been recycled and assembled into several formats considered to be most useful to the purposes of the MSC study and is included in Tables 8 through 10. Information provided by these tables updates program information contained in the Phase 300 and 400 reports. A complete listing of state available programs; an indication of the type of program assistance; and a revised MSC candidacy listing are provided. The number of program services suggested for MSC inclusion is reflected by the Primary category of Table 10. The preliminary indication in Phase 400 of some 60 direct contact programs to be provided within Multi-Service Centers is revised to a recommended total of 83 programs.

Table 8. State Program Services - Direct/Indirect Contact

This table provides the most current and complete listing of program services available and distinguishes between them as to their potential for inclusion within Multi-Service Centers. Direct contact with the public was considered to be the basic criterion for identifying candidate MSC programs. The direct contact categorization includes both state delivered programs, as well as state funded programs delivered through agencies of local government. Indirect contact programs involve services of a nature where face to face contact with the public is not required in their delivery. Institutional facilities and programs related to their operations are excluded from this tabulation.

Table 8
STATE PROGRAM SERVICES
DIRECT/INDIRECT CONTACT

<u>DEPARTMENT, Division, Program</u>	<u>Direct Contact</u>	<u>Indirect Contact</u>
AGRICULTURE		
<u>Animal Health</u> Controlling and eliminating disease	*	
<u>Dairy Inspection</u>		*
<u>Field Inspections</u> Regulating agricultural field products	*	
<u>Inspector of Tobacco</u> Inspects and grades		*
<u>Markets</u> Inspection and grading	*	
<u>Meat and Poultry Inspection</u> Slaughtering and processing plant examination	*	
<u>Pest Management</u>	*	
<u>Soil Conservation Committee</u>		*
<u>State Apple Commission</u> Education and research		*
<u>State Chemist</u> Operates chemical laboratory	*	
<u>State Entomologist</u> Pesticide applicators		*
State Beekeeping Law		*
State mosquito control		*
State Protection Program		*
<u>State Fair Board</u> Promotion and assistance		*
<u>Tobacco Authority</u> Licensing		*
<u>Turf and Seed Programs</u>	*	
<u>Veterinary Medical Examiners</u>		*

<u>DEPARTMENT, Division, Program</u>	<u>Direct Contact</u>	<u>Indirect Contact</u>
AGRICULTURE/continued		
<u>Weed Inspection</u>	*	
<u>Weights and Measures</u> Inspection and testing	*	
BUDGET AND FISCAL PLANNING		
<u>Administration</u>		*
<u>Budget Analysis and Control</u>		*
<u>Fiscal Planning</u>		*
<u>Management Information System</u>		*
ECONOMIC AND COMMUNITY DEVELOPMENT		
<u>Community Development Administration</u>		
Aid for Local Governments		*
Community Development Training	*	
Model Cities Planning	*	*
<u>Economic Development</u>		
Business and Industrial Development	*	
<u>Housing</u>		
Industrialized Building and Mobile Homes Act	*	
Maryland Home Financing Program	*	
Maryland Housing Fund	*	
Model Building Performance Codes		*
<u>Market Development</u>		
Seafood Marketing Authority	*	
<u>Maryland Historical Trust</u>		
National Register of Historical Places, Grants-in-Aid	*	
Revolving Fund	*	
Rural stabilization	*	
<u>Tourist Development</u>	*	

<u>DEPARTMENT, Division, Program</u>	<u>Direct Contact</u>	<u>Indirect Contact</u>
<u>EDUCATION</u>		
<u>Administrative and Finance</u>		
Food Services		*
Highway safety		*
State aid to education		*
<u>Certification and Accreditation</u>		
Business trade and technical schools		*
Certification and accreditation	*	
General education development		*
Non-public elementary and secondary schools		*
Office of Higher Education		*
Teacher education programs		*
<u>Compensatory, Urban and Supplementary Education</u>		
Human relations (Title IV)	*	
Secondary and elementary education, supplementary centers (Title III)	*	
Title I	*	
<u>Instruction</u>		
Adult basic education	*	
Adult general education		*
Aid to the handicapped		*
Drug education training program	*	
Programming for Deaf-Blind children	*	
Teaching children with special needs	*	
School-community centers		*
State aid to the handicapped		*
<u>Instructional Television</u>	*	
<u>Public Libraries</u>		
Community services	*	
Maryland State Library for the Physically Handicapped	*	
Planning and facilities		*
Public library training	*	
<u>Research, Evaluation and Information Systems</u>		
Quality Improvement		*

<u>DEPARTMENT, Division, Program</u>	<u>Direct Contact</u>	<u>Indirect Contact</u>
EDUCATION/continued		
<u>School Media Services</u>		
Elementary and Secondary Education Act	*	
School media services	*	
<u>Vocational Rehabilitation</u>		
Diagnostic counseling and physical restoration	*	
Employment training and placement	*	
General field services	*	
Workshop for the blind	*	
<u>Vocational-Technical Education</u>		
General services for vocational technical education	*	
Industrial training	*	
Instruction for apprenticeship programs	*	
Manpower development and training	*	
EMPLOYMENT AND SOCIAL SERVICES		
<u>Economic Opportunity</u>		
Human resource assistance	*	
Jobs optional	*	
<u>Employment Security</u>		
Employment services	*	
Job Corps	*	
Labor market information	*	
Manpower development training	*	
Occupational testing	*	
Public employment program	*	
Rural manpower services	*	
Unemployment insurance	*	
Work Incentive Program	*	
<u>Program Coordination</u>		
Comprehensive Offender Model Program	*	
Long Range Flood Relief Program	*	
Maryland Service Corps	*	
Project Serve	*	
<u>Program Planning and Evaluation</u>		
Appalachian Regional Childhood Development	*	
Purchase of social services	*	
<u>Veteran's Commission</u>		
Veterans Claims	*	

<u>DEPARTMENT, Division, Program</u>	<u>Direct Contact</u>	<u>Indirect Contact</u>
EMPLOYMENT AND SOCIAL SERVICES/continued		
<u>Social Services</u>		
Adoption service	*	
Aid to families with dependent children	*	
Cuban refugee assistance	*	
Day care service	*	
Emergency assistance to families with children	*	
Food stamp program	*	
Foster care	*	
General public assistance	*	
Homemaker service	*	
Legal service	*	
Protective service	*	
Single parent services	*	
Social services to adults	*	
Social services to families receiving AFDC	*	
<u>Special Programs</u>		
Licensing of child caring agencies and institutions	*	
Rehabilitating disabled public assistance recipients	*	
GENERAL SERVICES		
<u>Central Services</u>		
Centralized printing and duplication for agencies at the Maryland State Office Center - Baltimore		*
Hall of Records		*
Communications		*
Purchasing and supply support		*
<u>Design and Construction</u>		
Construction supervision		*
Design and appraisals		*
Land acquisition		*
Public school construction		*

<u>DEPARTMENT, Division, Program</u>	<u>Direct Contact</u>	<u>Indirect Contact</u>
HEALTH AND MENTAL HYGIENE		
<u>Aged and Chronically Ill</u>		
Adult Disease Control	*	
Treatment services	*	
Community Services	*	
<u>Bedding and Upholstery</u>		
Inspection	*	
<u>Comprehensive Health Planning</u>		
Planning and certification of conformance programs		*
Statewide comprehensive health		*
<u>Drug Abuse</u>		
Coordination of treatment service		*
Education and training		*
<u>Emergency Health Services</u>		
Program Evaluation		*
Emergency Medical Services	*	
Regional Emergency Service	*	
<u>Environmental Health</u>		
Air quality control		*
Drug control		*
Food control		*
General sanitation		*
Industrial hygiene		*
Milk control		*
Radiation control		*
Residential hygiene		*
Solid waste control	*	
Water and sewerage control	*	
<u>Juvenile Services</u>		
After care services	*	
Intake services	*	
Probationary services	*	
Specialized foster care	*	
<u>Laboratories Administration</u>		
Diagnostic services		*
Environmental services		*
Licensing of clinical laboratories		*

<u>DEPARTMENT, Division, Program</u>	<u>Direct Contact</u>	<u>Indirect Contact</u>
HEALTH AND MENTAL HYGIENE/continued		
<u>Local Health</u>		
Educational and training	*	
General local health services	*	
Professional support services	*	
State and local coordination		*
<u>Medical Care</u>		
Health services to the indigent	*	
<u>Mental Health</u>		
Services to the aged	*	
Services to alcoholics	*	
Services to adults	*	
Education and training		*
Community services	*	
<u>Mental Retardation</u>		
Community day care and activity service	*	
<u>Preventive Medicine</u>		
Crippled Children's services	*	
Communicable disease control	*	
Dental health	*	
Maternal and child health	*	
Veterinary medicine	*	
Disease screening control	*	
<u>Veterinary Public Health Service</u>		
Animal and bird control		*
Epidemiology	*	
Immunization	*	
LICENSING AND REGULATION		
<u>Advisory Council of Prevailing Wage Rates</u>	*	
<u>Apprenticeship and Training Council</u>	*	
<u>Architectural Registration Board</u>	*	
<u>Banking Board</u>		*
<u>Bank Commission</u>	*	
<u>Bank Regulation Board</u>		*
<u>Board of Barber Examiners</u>	*	
<u>Board of Boiler Rooms</u>		*

<u>DEPARTMENT, Division, Program</u>	<u>Direct Contact</u>	<u>Indirect Contact</u>
LICENSING AND REGULATION/continued		
<u>Board of Electrical Examiners and Supervisors</u>	*	
<u>Board of Examiners for Hearing Aid Dealers</u>	*	
<u>Board of Examiners of Maryland Pilots</u>	*	
<u>Board of Examining Engineers</u>	*	
<u>Board of Examining Moving Picture Machine Operators</u>	*	
<u>Commissioner of Small Loans</u>	*	
<u>Division of Building</u>	*	
<u>Division of Labor and Industry</u>	*	
<u>Employment Agency Advisory Board</u>	*	
<u>Insurance Division</u>	*	
<u>Maryland-Bred Race Fund Advisory Committee</u>		*
<u>Maryland Home Improvement Commission</u>	*	
<u>Minimum Wage Advisory Committee</u>	*	
<u>Occupational Health and Safety Advisory Board</u>	*	
<u>Real Estate Commission</u>	*	
<u>Racing Commission</u>	*	
<u>Real Estate Hearing Board</u>	*	
<u>Savings and Loan Associations</u>	*	
<u>State Athletic Commission</u>	*	
<u>State Board of Censors</u>	*	
<u>State Board of Commissioners of Practical Plumbing</u>	*	
<u>State Board of Cosmetologists</u>	*	

<u>DEPARTMENT, Division, Program</u>	<u>Direct Contact</u>	<u>Indirect Contact</u>
LICENSING AND REGULATION/continued		
<u>State Board of Inspection of Horse Riding Stables</u>	*	
<u>State Board of Public Accountancy</u>	*	
<u>State Board of Registration for Professional Engineers and Professional Land Surveyors</u>	*	
NATURAL RESOURCES		
<u>Boating Administration</u> Boating Services	*	
<u>Extension Service</u> Commercial Fisheries	*	
<u>Fisheries Administration</u> Anadromous Fish Stream Survey		*
<u>Forest Service</u>	*	
<u>Geological Survey</u>	*	
<u>Inland Enforcement</u> Hunter Safety	*	
<u>Issuance of Permits for Mining</u>	*	
<u>Licensing and Sales</u>	*	
<u>Management of Mining Operations</u>	*	
<u>Natural Resources Police Force</u> Training for Inland and Marine Enforcement	*	
<u>Park Service</u>	*	
<u>Power Plant Siting</u>	*	
<u>Water Resources Administration</u> Enforcement	*	
Groundwater Services		*
Permits Certification	*	
<u>Wildlife Administration</u> Wildlife Services	*	

<u>DEPARTMENT, Division, Program</u>	<u>Direct Contact</u>	<u>Indirect Contact</u>
PERSONNEL		
<u>Board of Ethics</u>		
Code of Ethics	*	
<u>Employees Retirement System</u>		
Pensions for retired and disabled state employees	*	
<u>Recruitment, Counseling and Testing</u>	*	
<u>State Accident Fund</u>		
Workmen's Compensation Insurance Carrier	*	
<u>State Police Retirement System</u>		
Disability pensions and retirement	*	
<u>Teachers Retirement System</u>		
Benefits for retired teachers	*	
PUBLIC SAFETY AND CORRECTIONS		
<u>Automotive Safety Enforcement (State Police)</u>		*
<u>Aviation (State Police)</u>		
Disaster Relief	*	
Helicopter Medi-Vac Services	*	
Searches and Rescue	*	
Special Transportation	*	
Traffic control		*
<u>Central Accident Records</u>	*	
<u>Central Crime Records and Investigations (State Police)</u>		
Hand gun permits	*	
Licensing services		*
Fingerprints		*
Master criminal record file		*
Stolen car unit		*
<u>Civil Defense and Emergency Planning</u>		
Communications and warning		*
Excess property		*
Operations		*
Radiological	*	
Shelter and emergency operating centers		*

<u>DEPARTMENT, Division, Program</u>	<u>Direct Contact</u>	<u>Indirect Contact</u>
<u>PUBLIC SAFETY AND CORRECTIONS/continued</u>		
<u>Criminal Injuries</u>		
Criminal injuries compensation	*	
<u>Field Operations (State Police)</u>		
Cadet program		*
Crime prevention education for the public	*	
Crime supression		*
Road hazard reporting		*
Scuba diving section		*
Security escorts		*
Traffic control		*
<u>Intelligence (State Police)</u>		
Gambling		*
Narcotics		*
Organized crime and domestic surveillance		*
<u>Motor Vehicle Inspection (State Police)</u>		*
<u>Operations (State Police)</u>		
Breathalyzer training and certification		*
Control of disturbances		*
K-9 training		*
Polygraph detection		*
Warrant services		*
<u>Parole and Probation</u>		
Alcoholism rehabilitation and narcotic program	*	
Community involvement units	*	
Ex-offender advisory board	*	
Investigations concerning pardon, commutation of sentence or clemency	*	
Outpatient treatment clinic	*	
Supervision of the conduct of parolees and probationers	*	
<u>Planning, Research and Inspection (State Police)</u>		
Community police needs		*
Resident trooper		*
State aid for police protection		*
<u>Police and Correctional Training Commission</u>		
Training		*
<u>Radio Operation (State Police)</u>		*

<u>DEPARTMENT, Division, Program</u>	<u>Direct Contact</u>	<u>Indirect Contact</u>
PUBLIC SAFETY AND CORRECTIONS/continued		
<u>Services (Identification) (State Police)</u>		
Full scale crime laboratory		*
Mobile crime evidence collection units		*
State central crime records		*
<u>Services (Tele-Communications) (State Police)</u>		
Emergency teletype service for the deaf		*
Miles computer and MSP teletype system		*
Road condition and inclement weather information		*
<u>State Fire Marshal</u>		
Explosives control	*	
Fire prevention education and consultive services	*	
Fire prevention inspection	*	
Review of plans and specifications	*	
<u>Trucking Enforcement (State Police)</u>		*
STATE PLANNING		
<u>Capital Improvement</u>		
Annual capital budget		*
<u>Comprehensive State Planning</u>		*
<u>Regional Local Planning</u>		
Evaluation of statewide and regional local plans	*	
Public information	*	
Reviews local plans	*	
Technical planning assistance	*	
<u>Research</u>		*
<u>State Clearinghouse</u>		*

<u>DEPARTMENT, Division, Program</u>	<u>Direct Contact</u>	<u>Indirect Contact</u>
TRANSPORTATION		
<u>Maryland Port Administration</u>		
Community assistance program		*
<u>Mass Transit Administration</u>		
Capital grants for urban mass transportation in small urban areas		*
<u>Motor Vehicle Administration</u>		
Driver licensing and control	*	
Registration, titling and renewing	*	
Rehabilitation	*	
Revocation and suspension	*	
<u>State Aviation Commission</u>		
Airport planning and development		*
Capital grants for local areas		*
<u>State Highway Administration</u>		
County roads to and within state parks or recreational areas		*
Engineering Advice		*
Federal aid primary and federal aid secondary systems within urban areas		*
TOPICS (Traffic Operations Program to Improve Capacity and Safety)		*
<u>Systems Planning and Development</u>		
Comprehensive Transportation Planning		*
<u>Transportation Safety</u>	*	
JUDICIARY AND INDEPENDENT COMMISSIONS		
<u>Court of Appeals</u>		
Administrative offices of the court	*	
<u>Court of Special Appeals</u>	*	
<u>District Court</u>	*	
<u>Judicial Disabilities Commission</u>	*	
<u>Public Defender</u>	*	
<u>Tax Court</u>	*	

<u>DEPARTMENT, Division, Program</u>	<u>Direct Contact</u>	<u>Indirect Contact</u>
JUDICIARY AND INDEPENDENT COMMISSIONS/continued		
<u>Assessment and Taxation</u>	*	
<u>Attorney General</u>		
Consumer Protection	*	
<u>Bureau of Governmental Research</u>		
Maryland technical advisory service		*
<u>Commission on Aging</u>		
Areawide model project on aging	*	
Retired senior volunteer	*	
Senior aides	*	
Title III	*	
Title VII (Nutrition Program)	*	
<u>Commission on Criminal Law</u>		*
<u>Commission on Young Offender</u>		*
<u>Community and Resource Development</u>		*
<u>Comptroller</u>	*	
<u>Governor's Commission on Law Enforcement and the Administration of Justice</u>		
Action Grants		*
Comprehensive Planning Grants		*
High Impact Crime Area Grants		*
Technical Assistance		*
<u>Home Economics</u>		
Improved Family Living	*	
<u>Humane Practices Commission</u>	*	
<u>Maryland Automobile Insurance Fund</u>	*	
<u>Maryland Commission on Human Relations</u>	*	
<u>State Board of Law Examiners</u>	*	
<u>Public Service Commission</u>		*
<u>University of Maryland Cooperative Extension Service</u>		
Agricultural Extension Service	*	
Homemaker Service	*	
4-H and Youth Development	*	

Table 9. State Program Services - Type of Assistance

Programs are categorized in this table as to the type of assistance provided. Assistance categories include service (direct needs of eligible program applicants), financial (monetary assistance), technical (specialized and expert assistance), research (information and study support service), training (instructional assistance), and other.

An understanding of the type of program assistance offered is useful in better understanding program operations and in defining program functions within and outside the MSC system. Institutional facilities and programs related to their operations are excluded from this tabulation.

Table 9
STATE PROGRAM SERVICES
TYPE OF ASSISTANCE

DEPARTMENT, Division, Program

AGRICULTURE

Animal Health

Controlling and eliminating disease

Dairy Inspection

Field Inspections

Regulating agricultural field products

Inspector of Tobacco

Inspects and grades

Markets

Inspection and grading

Meat and Poultry Inspection

Slaughtering and processing plant examination

Pest Management

Soil Conservation Committee

State Apple Commission

Education and research

State Chemist

Operates chemical laboratory

State Entomologist

Pesticide applicators

State Beekeeping Law

State mosquito control

State Protection Program

State Fair Board

Promotion and assistance

Tobacco Authority

Licensing

Turf and Seed Programs

Veterinary Medical Examiners

Type of Assistance					
Service	Financial	Technical	Research	Training	Other
	*			*	
	*				
	*				
	*				
	*				
	*				
		*			
	*		*		
					*
	*		*		
	*				
	*				
	*				
	*				
	*				
	*				
	*		*		
	*				*

DEPARTMENT, Division, Program	Type of Assistance					
	Service	Financial	Technical	Research	Training	Other
AGRICULTURE/continued						
<u>Weed Inspection</u>	*					
<u>Weights and Measures</u>						
Inspection and testing	*					
BUDGET AND FISCAL PLANNING						
<u>Administration</u>						*
<u>Budget Analysis and Control</u>						*
<u>Fiscal Planning</u>						*
<u>Management Information System</u>						*
ECONOMIC AND COMMUNITY DEVELOPMENT						
<u>Community Development Administration</u>						
Aid for Local Governments	*			*	*	*
Community Development Training				*		*
Model Cities	*			*		*
Planning	*			*	*	
<u>Economic Development</u>						
Business and Industrial Development	*			*	*	
<u>Housing</u>						
Industrialized Building and Mobile Homes Act	*				*	
Maryland Home Financing Program			*			
Maryland Housing Fund			*			
Model Building Performance Codes	*		*	*	*	*
<u>Market Development</u>						
Seafood Marketing Authority	*					
<u>Maryland Historical Trust</u>						
National Register of Historical Places,						
Grants-in-Aid			*			
Revolving Fund			*			
Rural stabilization			*			
Tourist Development	*				*	

DEPARTMENT, Division, Program

EMPLOYMENT AND SOCIAL SERVICES/continued

	Type of Assistance					
	Service	Financial	Technical	Research	Training	Other
<u>Social Services</u>						
Adoption service		*	*			
Aid to families with dependent children			*			
Cuban refugee assistance			*			
Day care service		*	*			
Emergency assistance to families with children			*			
Food stamp program			*			
Foster care		*	*			
General public assistance			*			
Homemaker service		*	*			
Legal service		*	*			
Protective service		*	*			
Single parent services		*	*			
Social services to adults		*	*			
Social services to families receiving AFDC		*	*			
<u>Special Programs</u>						
Licensing of child caring agencies and institutions		*				*
Rehabilitating disabled public assistance recipients		*			*	*
 GENERAL SERVICES						
<u>Central Services</u>						
Centralized printing and duplication for agencies at the Maryland State Office Center - Baltimore		*	*			
Hall of Records		*				
Communications		*				
Purchasing and supply support		*				
<u>Design and Construction</u>						
Construction supervision				*		
Design and appraisals				*		
Land acquisition				*		
Public school construction				*		

Type of Assistance					
Service	Financial	Technical	Research	Training	Other
<u>DEPARTMENT, Division, Program</u>					
HEALTH AND MENTAL HYGIENE					
<u>Aged and Chronically Ill</u>					
Adult Disease Control	*				
Treatment services	*				
Community Services	*				
<u>Bedding and Upholstery</u>					
Inspection			*		
<u>Comprehensive Health Planning</u>					
Planning and certification of conformance programs	*				
Statewide comprehensive health		*	*		
<u>Drug Abuse</u>					
Coordination of treatment service		*			
Education and training		*			
<u>Emergency Health Services</u>					
Program Evaluation	*				
Emergency Medical Services		*		*	
Regional Emergency Service	*				
<u>Environmental Health</u>					
Air quality control	*		*		*
Drug control	*		*		*
Food control			*		*
General sanitation		*	*	*	*
Industrial hygiene	*		*		
Milk control			*		
Radiation control	*		*		
Residential hygiene	*				
Solid waste control	*				
Water and sewerage control	*				
<u>Juvenile Services</u>					
After care services	*		*		*
Intake services	*				*
Probationary services	*				*
Specialized foster care	*				
<u>Laboratories Administration</u>					
Diagnostic services	*		*		
Environmental services	*		*		
Licensing of clinical laboratories	*				

Type of Assistance					
Service	Financial	Technical	Research	Training	Other
<u>DEPARTMENT, Division, Program</u>					
HEALTH AND MENTAL HYGIENE/continued					
<u>Local Health</u>					
Educational and training				*	
General local health services	*				
Professional support services	*				
State and local coordination					*
<u>Medical Care</u>					
Health services to the indigent	*				
<u>Mental Health</u>					
Services to the aged	*				
Services to alcoholics	*				
Services to adults	*				
Education and training	*				
Community services	*				
<u>Mental Retardation</u>					
Community day care and activity service	*	*	*		*
<u>Preventive Medicine</u>					
Crippled Children's services	*				
Communicable disease control	*		*		*
Dental health	*		*		*
Maternal and child health	*	*			
Veterinary medicine	*		*	*	*
Disease screening control	*				
<u>Veterinary Public Health Service</u>					
Animal and bird control			*	*	*
Epidemiology			*	*	
Immunization			*	*	
LICENSING AND REGULATION					
<u>Advisory Council of Prevailing Wage Rates</u>	*				
<u>Apprenticeship and Training Council</u>	*				
<u>Architectural Registration Board</u>	*				
<u>Banking Board</u>	*				
<u>Bank Commission</u>	*				
<u>Bank Regulation Board</u>	*				
<u>Board of Barber Examiners</u>	*				
<u>Board of Boiler Rooms</u>	*				

DEPARTMENT, Division, Program

LICENSING AND REGULATION/continued

Board of Electrical Examiners and Supervisors

Board of Examiners for Hearing Aid Dealers

Board of Examiners of Maryland Pilots

Board of Examining Engineers

Board of Examining Moving Picture Machine Operators

Commissioner of Small Loans

Division of Building

Division of Labor and Industry

Employment Agency Advisory Board

Insurance Division

Maryland-Bred Race Fund Advisory Committee

Maryland Home Improvement Commission

Minimum Wage Advisory Committee

Occupational Health and Safety Advisory Board

Real Estate Commission

Racing Commission

Real Estate Hearing Board

Savings and Loan Associations

State Athletic Commission

State Board of Censors

State Board of Commissioners of Practical Plumbing

State Board of Cosmetologists

Type of Assistance					
Service	Financial	Technical	Research	Training	Other
*					
*					
*					
*					
*					
*					
*					
*					
*					
*					
*					
*					
*					
*					
*					
*					
*					
*					

DEPARTMENT, Division, Program

LICENSING AND REGULATION/continued

State Board of Inspection of Horse Riding
Stables

State Board of Public Accountancy

State Board of Registration for Professional
Engineers and Professional Land Surveyors

NATURAL RESOURCES

Boating Administration
Boating Services

Extension Service
Commercial Fisheries

Fisheries Administration
Anadromous Fish Stream Survey

Forest Service

Geological Survey

Inland Enforcement
Hunter Safety

Issuance of Permits for Mining

Licensing and Sales

Management of Mining Operations

Natural Resources Police Force
Training for Inland and Marine Enforcement

Park Service

Power Plant Siting

Water Resources Administration
Enforcement
Groundwater Services
Permits and certifications

Wildlife Administration
Wildlife Services

Type of Assistance					
Service	Financial	Technical	Research	Training	Other
	*				
	*				
	*				
	*		*	*	*
	*		*		*
			*		
	*		*		
	*		*		
	*		*		*
	*				
	*				
					*
	*				
	*		*	*	
	*		*		
	*		*		
	*				

DEPARTMENT, Division, Program

PERSONNEL

Board of Ethics
Code of Ethics

Employees Retirement System
Pensions for retired and disabled state employees

Recruitment, Counseling and Testing

State Accident Fund
Workmen's Compensation Insurance Carrier

State Police Retirement System
Disability pensions and retirement

Teachers Retirement System
Benefits for retired teachers

PUBLIC SAFETY AND CORRECTIONS

Automotive Safety Enforcement (State Police)

Aviation (State Police)
Disaster Relief
Helicopter Medi-Vac Services
Searches and Rescue
Special Transportation
Traffic control

Central Accident Records

Central Crime Records and Investigations (State Police)
Hand gun permits
Licensing services
Fingerprints
Master criminal record file
Stolen car unit

Civil Defense and Emergency Planning
Communications and warning
Excess property
Operations
Radiological
Shelter and emergency operating centers

Type of Assistance					
Service	Financial	Technical	Research	Training	Other
					*
		*			
	*				
		*			
		*			
		*			
					*
					*
					*
					*
	*				
*		*	*	*	
*				*	
*		*	*	*	*
*		*	*	*	
	*	*	*	*	

Type of Assistance					
Service	Financial	Technical	Research	Training	Other
<u>DEPARTMENT, Division, Program</u>					
<u>PUBLIC SAFETY AND CORRECTIONS/continued</u>					
<u>Services (Identification) (State Police)</u>					
Full scale crime laboratory	*		*	*	*
Mobile crime evidence collection units			*		
State central crime records	*				
<u>Services (Tele-Communications) (State Police)</u>					
Emergency teletype service for the deaf	*				
Miles computer and MSP teletype system	*				*
Road condition and inclement weather information	*				
<u>State Fire Marshal</u>					
Explosives control	*		*		*
Fire prevention education and consultive services	*		*		*
Fire prevention inspection	*		*		
Review of plans and specifications	*		*		*
<u>Trucking Enforcement (State Police)</u>	*				
<u>STATE PLANNING</u>					
<u>Capital Improvement</u>					
Annual capital budget					*
<u>Comprehensive State Planning</u>	*		*		*
<u>Regional Local Planning</u>					
Evaluation of statewide and regional local plans			*		
Public information	*				
Reviews local plans			*		
Technical planning assistance	*	*	*		
<u>Research</u>		*	*		
<u>State Clearinghouse</u>				*	*

DEPARTMENT, Division, Program

TRANSPORTATION

Maryland Port Administration

Community assistance program

Mass Transit Administration

Capital grants for urban mass transportation in small urban areas

Motor Vehicle Administration

Driver licensing and control

Registration, titling and renewing

Rehabilitation

Revocation and suspension

State Aviation Commission

Airport planning and development

Capital grants for local areas

State Highway Administration

County roads to and within state parks or recreational areas

Engineering Advice

Federal aid primary and federal aid secondary systems within urban areas

TOPICS (Traffic Operations Program to Improve Capacity and Safety)

Systems Planning and Development

Comprehensive Transportation Planning

Transportation Safety

JUDICIARY AND INDEPENDENT COMMISSIONS

Court of Appeals

Administrative offices of the court

Court of Special Appeals

District Court

Judicial Disabilities Commission

Public Defender

Tax Court

Type of Assistance					
Service	Financial	Technical	Research	Training	Other
		*	*		
		*	*		
*					*
*					
*					
*					
	*	*	*		
	*				
*	*	*	*		*
	*	*	*		
*	*	*	*	*	*
*					
*					
*					
*					
*					

DEPARTMENT, Division, Program

JUDICIARY AND INDEPENDENT COMMISSIONS/continued

Assessment and Taxation

Attorney General

Consumer Protection

Bureau of Governmental Research

Maryland technical advisory service

Commission on Aging

Areawide model project on aging

Retired senior volunteer

Senior aides

Title III

Title VII (Nutrition Program)

Commission on Criminal Law

Commission on Young Offender

Community and Resource Development

Comptroller

Governor's Commission on Law Enforcement
and the Administration of Justice

Action Grants

Comprehensive Planning Grants

High Impact Crime Area Grants

Technical Assistance

Home Economics

Improved Family Living

Humane Practices Commission

Maryland Automobile Insurance Fund

Maryland Commission on Human Relations

State Board of Law Examiners

Public Service Commission

University of Maryland Cooperative
Extension Service

Agricultural Extension Service

Homemaker Service

4-H and Youth Development

Type of Assistance					
Service	Financial	Technical	Research	Training	Other
	*				
	*				
	*		*	*	
	*	*	*		*
	*	*	*		*
	*	*	*		*
	*				
				*	
				*	
	*		*		*
	*				
		*			
		*			
		*			
		*			
	*		*		*
	*				*
	*	*			
			*		*
	*				
	*				
	*				
	*				

Table 10. Multi-Service Center Candidate Programs

Direct contact programs are categorized in this table regarding inclusion in Multi-Service Centers. A determination was made for each in respect to available information pertaining to criteria developed in Phase 400. The criteria covers considerations of population need, client contact, program interrelationships and nature of program service. The categories of candidate programs include:

- o Primary Those programs most consistent with the purposes and intents of Multi-Service Centers and essential for inclusion in MSC facilities.
- o Optional Those programs where the unique characteristics of a region of the state, or an MSC service area population suggests suitability for MSC inclusion. These programs, therefore, would not be components of all MSCs.
- o Not Applicable Those programs irrelevant to the purposes and functions of Multi-Service Centers.

Within the Primary category, the programs and services have been further classified on the basis of staffing requirements within an MSC. Group A includes those programs and services which will require a substantial portion of its staff to be located within an MSC, while Group B represents those programs and services that would best function at central locations with representative or part-time staff at MSC locations based on service area need.

Programs identified for MSC inclusion consist of both state administered and delivered programs, and state funded programs that are delivered through service agencies of local governments. Operational and functional

interrelationships between state and local governments currently exist in virtually all areas of service delivery. The relationship in most instances involves state funding to local governments which in conjunction with the state, administer and conduct the actual delivery of program services. Where direct contact is required in the provision of state and local coordinated programs, a potential mutual benefit resulting from a closer physical and operational relationship could be realized. Activities of local health and social service agencies appear to have particular potential for Multi-Service Center inclusion. Institutional facilities and programs related to their operations are excluded from this tabulation.

Table 10
MSC CANDIDATE PROGRAMS

DEPARTMENT, Division, Program	Primary		Optional	Not Applicable
	Group A	Group B		
AGRICULTURE				
<u>Animal Health</u>				
Controlling and eliminating disease	.	.	*	.
<u>Field Inspections</u>				
Regulating agricultural field products	.	.	*	.
<u>Markets</u>				
Inspection and grading	.	.	*	.
<u>Meat and Poultry Inspection</u>				
Slaughtering and processing plant examination	.	.	.	*
<u>Pest Management</u>	.	.	.	*
<u>State Chemist</u>				
Operates chemical laboratory	.	.	.	*
<u>Turf and Seed Programs</u>	.	.	.	*
<u>Weed Inspection</u>	.	.	.	*
<u>Weights and Measures</u>				
Inspection and testing	.	.	*	.
ECONOMIC AND COMMUNITY DEVELOPMENT				
<u>Community Development Administration</u>				
Community Development Training Planning	.	.	.	*
<u>Economic Development</u>				
Business and industrial development	.	.	.	*
<u>Housing</u>				
Industrialized Building and Mobile Homes Act	.	.	.	*
Maryland Home Financing Program	.	.	.	*
Maryland Housing Fund	.	.	.	*

DEPARTMENT, Division, Program	Primary		Optional	Not Applicable
	Group A	Group B		

ECONOMIC AND COMMUNITY DEVELOPMENT/
continued

Market Development

Seafood Marketing Authority *

Maryland Historical Trust

National Register of Historical
Places, Grants-in-Aid *
Revolving Fund *
Rural stabilization *

Tourist Development

. *

EDUCATION

Certification and Accreditation

. *

Compensatory, Urban and
Supplementary Education

Human relations (Title IV) *
Secondary and elementary
education, supplementary
centers (Title III) *
Title I *

Instruction

Adult basic education *
Drug education training program *
Programming for deaf-blind
children *
Teaching children with special
needs *

Instructional Television

. *

Public Libraries

Community services *
Maryland State Library for the
Physically Handicapped *
Public library training *

School Media Services

Elementary and Secondary
Education Act *
School media services *

DEPARTMENT, Division, Program	Primary		Optional	Not Applicable
	Group A	Group B		

Vocational Rehabilitation

Vocational-Technical Education

EMPLOYMENT AND SOCIAL SERVICES

Employment Security

Program Coordination

Program Planning and Evaluation

DEPARTMENT, Division, Program	Primary		Optional	Not Applicable
	Group A	Group B		

EMPLOYMENT AND SOCIAL SERVICES/
continued

Veteran's Commission
Veterans Claims

. . *

Social Services

Adoption service

. . *

Aid to families with
dependent children

. . *

Cuban refugee assistance

. *

Day care service

. . *

Emergency assistance to
families with children

. . *

Food Stamp Program

. . *

Foster care

. . *

General public assistance

. . *

Homemaker service

. . *

Legal service

. . *

Single parent services

. . *

Social services to adults

. . *

Protective service

. . *

Social services to families
receiving AFDC

. . *

Special Programs

Licensing of child caring
agencies and institutions

. * .

Rehabilitating disabled
public assistance
recipients

. . *

HEALTH AND MENTAL HYGIENE

Aged and Chronically Ill

Adult Disease Control

. . *

Treatment services

. * .

Community services

. . *

Bedding and Upholstery

Inspection

. * .

DEPARTMENT, Division, Program	Primary		Optional	Not Applicable
	Group A	Group B		
HEALTH AND MENTAL HYGIENE/ continued				
<u>Emergency Health Services</u>				
Emergency medical services	.	*	.	.
Regional Emergency Services	.	.	*	.
<u>Environmental Health</u>				
Solid waste control	.	*	.	.
Water and sewerage control	.	*	.	.
<u>Juvenile Services</u>				
After care services	.	*	.	.
Intake services	.	*	.	.
Probationary services	.	*	.	.
Specialized foster care	.	.	.	*
<u>Local Health</u>				
Educational and training	.	.	.	*
General local health services	.	*	.	.
Professional support services	.	*	.	.
<u>Medical Care</u>				
Health services to the indigent	.	*	.	.
<u>Mental Health</u>				
Services to the aged	.	*	.	.
Services to alcoholics	.	*	.	.
Services to adults	.	*	.	.
Community services	.	.	*	.
<u>Mental Retardation</u>				
Community day care and activity service	.	*	.	.
<u>Preventive Medicine</u>				
Crippled children's services	.	*	.	.
Communicable disease control	.	*	.	.
Dental health	.	*	.	.
Maternal and child health	.	*	.	.
Veterinary medicine	.	*	.	.
Disease screening control	.	*	.	.
<u>Veterinary Public Health Service</u>				
Epidemiology	.	*	.	.
Immunization	.	*	.	.

DEPARTMENT, Division, Program	Primary		Optional	Not Applicable
	Group A	Group B		
LICENSING AND REGULATION				
<u>Advisory Council of Prevailing Wage Rates</u>	.	.	.	*
<u>Apprenticeship and Training Council</u>	.	.	.	*
<u>Bank Commission</u>	.	.	.	*
<u>Board of Barber Examiners</u>	.	.	.	*
<u>Board of Electrical Examiners and Supervisors</u>	.	.	.	*
<u>Board of Examiners of Maryland Pilots</u>	.	.	.	*
<u>Board of Examining Engineers</u>	.	.	.	*
<u>Board of Examining Moving Picture Machine Operators</u>	.	.	.	*
<u>Commissioner of Small Loans</u>	.	*	.	.
<u>Division of Building</u>	.	.	.	*
<u>Division of Labor and Industry</u>	.	.	.	*
<u>Employment Agency Advisory Board</u>	.	.	.	*
<u>Insurance Division</u>	.	.	.	*
<u>Maryland Home Improvement Commission</u>	.	*	.	.
<u>Minimum Wage Advisory Committee</u>	.	.	.	*
<u>Occupational Health and Safety Advisory Board</u>	.	.	.	*
<u>Real Estate Commission</u>	.	.	.	*
<u>Racing Commission</u>	.	.	.	*
<u>Savings and Loan Associations</u>	.	.	.	*

DEPARTMENT, Division, Program	Primary		Optional	Not Applicable
	Group A	Group B		
LICENSING AND REGULATION/continued				
<u>State Athletic Commission</u>	.	.	.	*
<u>State Board of Censors</u>	.	.	.	*
<u>State Board of Commissioners of Practical Plumbing</u>	.	.	.	*
<u>State Board of Cosmetologists</u>	.	.	.	*
<u>State Board of Inspection of Horse Riding Stables</u>	.	.	.	*
<u>State Board of Public Accountancy</u>	.	.	.	*
<u>State Board of Registration for Professional Engineers and Pro- fessional Land Surveyors</u>	.	.	.	*
NATURAL RESOURCES				
<u>Boating Administration</u> Boating Services	.	*	.	.
<u>Extension Service</u> Commercial Fisheries	.	.	*	.
<u>Forest Service</u>	.	.	*	.
<u>Geological Survey</u>	.	.	*	.
<u>Inland Enforcement</u> Hunter Safety	.	*	.	.
<u>Issuance of Permits for Mining</u>	.	.	.	*
<u>Licensing and Sales</u>	.	*	.	.
<u>Management of Mining Operations</u>	.	.	.	*
<u>Natural Resources Police Force</u> Training for Inland and Marine Enforcement	.	.	.	*
<u>Park Service</u>	.	*	.	.

DEPARTMENT, Division, Program	Primary		Optional	Not Applicable
	Group A	Group B		
NATURAL RESOURCES/continued				
<u>Power Plant Siting</u>	.	.	.	*
<u>Water Resources Administration</u>				
Enforcement	.	*	.	.
Permits certification	.	.	.	*
<u>Wildlife Administration</u>				
Wildlife services	.	.	*	.
PERSONNEL				
<u>Board of Ethics</u>				
Code of Ethics	.	.	.	*
<u>Employees Retirement System</u>				
Pensions for retired and disabled state employees	.	.	.	*
<u>Recruitment, Counseling and Testing</u>	.	*	.	.
<u>State Accident Fund</u>				
Workmen's Compensation Insurance Carrier	.	.	.	*
<u>Teachers Retirement System</u>				
Benefits for retired teachers	.	.	.	*
<u>State Police Retirement System</u>				
Disability pensions and retirement	.	.	.	*
PUBLIC SAFETY AND CORRECTIONS				
<u>Aviation (State Police)</u>				
Disaster Relief	.	.	.	*
Helicopter Medi-Vac Services	.	.	.	*
Searches and Rescue	.	.	.	*
Special Transportation	.	.	.	*
<u>Automotive Safety Enforcement (State Police)</u>	.	.	.	*

DEPARTMENT, Division, Program	Primary		Optional	Not Applicable
	Group A	Group B		

<u>Central Accident Records</u>	.	.	.	.	.	.	.	.	.	*	.	.
<u>Central Crime Records and Investigations (State Police)</u>												
Han Gun Permit	.	.	.	.	.	.	.	.	.	*	.	.
<u>Civil Defense and Emergency Planning</u>												
Radiological	.	.	.	.	.	.	.	.	.	*	.	.
<u>Criminal Injuries</u>												
Criminal Injuries Compensation	.	.	.	.	.	.	.	.	.	*	.	.
<u>Field Operations (State Police)</u>												
Crime prevention education for the public	.	.	.	.	*	.	.	.	.	.	.	.
<u>Parole and Probation</u>												
Alcoholism rehabilitation and Narcotic Program	.	.	*	.	.	.	.	.	.	.	.	.
Community Involvement Units	.	.	*	.	.	.	.	.	.	.	.	.
Ex-offender Advisory Board	.	.	.	.	.	.	.	.	.	*	.	.
Investigations concerning pardon, commutation of sentence or clemency	.	.	*	.	.	.	.	.	.	.	.	.
Outpatient treatment clinic	.	.	.	.	.	.	.	*	.	.	.	.
Supervision of the conduct of parolees and probationers	.	.	*	.	.	.	.	.	.	.	.	.
<u>State Fire Marshal</u>												
Explosives control	.	.	.	.	.	.	.	.	.	*	.	.
Fire prevention education and consultive services	.	.	.	.	*	.	.	.	.	.	.	.
Fire prevention inspection	.	.	*	.	.	.	.	.	.	.	.	.
Review of plans and specifications	.	.	*	.	.	.	.	.	.	.	.	.

[illegible]

DEPARTMENT, Division, Program	Primary		Optional	Not Applicable
	Group A	Group B		

TRANSPORTATION

Motor Vehicle Administration

Driver licensing and control

. . *

Registration, titling and
renewing

. . *

Rehabilitation

. . *

Revocation and suspension

. . *

Transportation Safety

. * . .

JUDICIARY AND INDEPENDENT COMMISSIONS

Court of Appeals

Administrative offices of the
court

. * . .

Court of Special Appeals

. * . .

District Court

. . *

Judicial Disabilities Commission

. * . .

Public Defender

. . *

Tax Court

. *

Assessment and Taxation

. . *

Attorney General

Consumer Protection

. . *

Commission on Aging

Areawide model project on aging

. * . .

Retired senior volunteer

. . *

Senior aides

. . *

Title III

. * . .

Title VII. (Nutrition Program)

. * . .

Comptroller

. *

Home Economics

Improved Family Living

. *

DEPARTMENT, Division, Program	Primary		Optional	Not Applicable
	Group A	Group B		

<u>Humane Practices Commission</u>	.	.	.	.	.	.	.	.	.	.	.	*	.	.
<u>Maryland Automobile Insurance Fund</u>	.	.	.	.	.	.	.	*	.	.	.	.	.	.
<u>Maryland Commission on Human Relations</u>	.	.	.	.	.	.	.	.	.	.	.	*	.	.
<u>State Board of Law Examiners</u>	.	.	.	.	.	.	.	.	.	.	.	*	.	.
<u>University of Maryland Cooperative Extension Service</u>														
Agricultural Extension Service	.	.	.	.	.	.	.	*	.	.	.	.	.	.
Homemaker Service	.	.	.	.	.	.	.	*	.	.	.	.	.	.
4-H and Youth Development	.	.	.	.	.	.	.	*	.	.	.	.	.	.



DATA INDEX

The Phase 400 Report provided a Data Index used in the MSC study through that point in time. The purpose of this Data Index is to serve as the basis for preparation of a Data Catalogue applicable to statewide use.

Throughout the study process, the Data Index will be expanded to reflect current research resources and will be revised when such expansion is considered to be significant to its intended purpose and interim use.

The following is the third Data Index, as revised.

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- Division of Animal Industries - June 1973
- Division of Plant Industries - June 1973
- Board of Veterinary Medical Examiners - July 1973
- Division of Marketing - June 1973
- State Apple Commission - June 1973
- Field Inspections - June 1973
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COMMENT REPLY FORM
PHASE 500 REPORT

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1. CONCEPT EVALUATION.

Comments:

2. ADMINISTRATIVE AND OPERATIONAL ORGANIZATION.

Comments:

3. FEDERAL COMMITMENT TO MULTI-SERVICE CENTERS.

Comments:

4. DATA REFINEMENT.

Comments:

5. DATA INDEX.

Comments:

6. GENERAL COMMENTS AND RECOMMENDATIONS:

COMMENT REPLY FORM
PHASE 500 REPORT

Prepared by: _____

Department: _____

Date: _____

This copy to be returned to:

Department of State Planning

Attention: Melvin Ginsburg,
Project Director

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Comments:

6. GENERAL COMMENTS AND RECOMMENDATIONS:



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